

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/14/2024
NAME OF PROVIDER OR SUPPLIER  Pine Bluff Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE  6810 South Hazel Street Pine Bluff, AR 71603	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>48977</p> <p>Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure 1 (Resident #265) sampled resident was safe to self-administer medications.</p> <p>The findings include:</p> <p>A plan of care for Resident #265 (Revision on: 09/11/2024) revealed Resident #265 had impaired cognitive function/dementia or impaired thought processes related to history of suicidal ideation. Interventions included to administer medications as ordered, monitor, and document for side effects and effectiveness.</p> <p>On 10/07/24 at 11:14 AM, the Surveyor observed over the counter medications in Resident #265's bathroom.</p> <p>On 10/07/24 at 12:47 PM, the Surveyor observed over the counter medications in Resident #265's bathroom.</p> <p>On 10/08/24 at 9:03 AM, the Surveyor observed over the counter medications in Resident #265's bathroom.</p> <p>On 10/08/24 at 9:30 AM, the Nurse Consultant stated there were no residents on 400 hall (the hall on which Resident #265 resided) who self-administered medications. The Nurse Consultant stated Resident #265 did not have an order for the medications to be kept in the bathroom, and the resident should not have medication accessible. The Nurse Consultant stated Resident #265 had not been assessed to self-administer medications safely and doing so could have a negative impact on the resident.</p> <p>On 10/11/24 at 4:40 PM, the Administrator stated there were no residents residing in the facility assessed to self-administer their own medications, therefore medications should not be accessible to Resident #265 with supervision. The Administrator stated there could be a potential negative outcome from the resident having medications in their room or taking medications the facility was unaware of, such as another resident wandering in the resident's room and getting the medications, or the resident having an interaction with other medication the resident was taking.</p> <p>A policy titled Self-Administration of Medications noted Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>38200</p> <p>48390</p> <p>Based on record review, interview, facility document review, facility policy review, it was determined that the facility failed to ensure an incident of an injury of unknown source was reported to the Administrator within 2 hours of discovery, which resulted in a delay in initiating an investigation and protective measures, and in reporting to the Office of Long-Term Care (OLTC) and other agencies in accordance with state law for 2 (Resident #50 and #59) of 2 (Residents # 50, and #59) sample mix residents.</p> <p>The findings are:</p> <p>1. Review of Resident #50's Progress Note revealed, an Incident Note dated 7/13/2024 at 6:11 PM noted the resident was found on floor with cut to forehead, referring to [hospital] for observation.</p> <p>Review of Resident #50's Progress Note revealed an Alert Note dated 7/14/2024 at 5:56 PM that noted [hospital] called regarding resident and stated that x-ray results from 7/13/2024 showed resident with fractured mandible bone and should be placed on soft foods diet and needs to follow up with Ears Nose and Throat (ENT).</p> <p>Review of Resident #50's Order Summary Report with an order date of 7/15/2024 noted regular diet, mechanical soft texture, regular/thin consistency, [hospital] called regarding resident and stated that x-ray results from 7-13-2024 showed resident with fractured mandible bone and should be placed on soft foods diet and needs to follow up with ENT.</p> <p>Review of Resident #50's Care Plan dated 7/15/2024 noted the resident had an actual fall on 7/13/24 with serious injury fractured jawbone related to (r/t) poor balance, for no apparent acute injury, determine and address causative factors of the fall.</p> <p>During an interview with Resident #50 on 10/10/24 at 10:38 AM, the Surveyor asked Resident #50 about an unwitnessed fall where they ended up with a fractured mandible and the resident stated they fell out of their chair trying to get into bed.</p> <p>During an interview with the Administrator on 10/10/24 at 11:49 AM, the Administrator confirmed she had no reportable completed for Resident #50's unwitnessed fall on 7/13/2024 that resulted in a major injury with a fracture to the resident's mandible.</p> <p>During an interview with the Nurse Consultant on 10/11/24 at 11:00 AM, he confirmed there was no Incident and Accident Report (I&amp;A) for Resident #50 on 7/13/2024 after an unwitnessed fall that resulted in major injury.</p> <p>During an interview with the Administrator on 10/11/2024 at 11:03 AM, she confirmed no Incident and Accident report had been completed for Resident #50 on 7/13/2024 after an unwitnessed fall that resulted in a major injury.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #59's Admission Record showed Resident was admitted with a diagnosis of amputation of two or more toes, cognitive communication deficit, constipation, difficulty walking, muscle wasting, type 2 diabetes mellitus, malnutrition, dehydration, chronic ulcer of left heel and midfoot, dementia, and weakness,</p> <p>Review of a Progress Note dated 09/25/24 at 8:16 PM showed This nurse was called to resident's room resident has rolled out of bed onto fall mat face down and face was off mat hitting right side of face on floor resident able to move all extremities. He has blood all over right side of face and head resident cleaned up with wound cleaner approximately a 2 cm (centimeter) long and .3 wide abrasion across right eyebrow. Eyes reactive to light resident kept quenching his eyes c/o (complaining of) head hurting denies all other sites of pain. Doctor notified by message sending resident out to hospital for evaluation, no family to notify. Resident informed medical transport service contacted for transport.</p> <p>On 10/14/24 at 5:00 PM the Administrator (AD) was asked if she had any reportables for the month of September. The AD indicated she did not have any reportables. The AD was asked if she was aware of Resident #59 being sent to the hospital on 09/25/24 due to resident falling out of bed. The AD did not reply.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a facility policy titled Abuse Investigation and Reporting, with a revision date of July 2017, revealed all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/ or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported. Policy Interpretation and Implementation Role of the Administrator: 1. If an accident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the Administrator will assign the investigation to an appropriate individual. 2. The Administrator will provide any supporting documents relative to the alleged incident to the person in charge of the investigation. 3. The Administrator will keep the resident, and his/her representative (sponsor) informed of the progress of the investigation. 5. The Administrator will ensure that any further potential abuse, neglect exploitation or mistreatment is prevented. 6. The Administrator will inform the resident and his/ her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident. Reporting: 1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/ her designee, to the following persons or agencies: a. The State licensing/ certification agency responsible for surveying/ licensing the facility; b. The local/ State Ombudsman; c. The Resident's Representative (Sponsor) or Record; d. Adult Protective Services (where state law provides jurisdiction in long term care); e. Law enforcement officials; f. The resident's Attending Physician; and g. The facility Medical Director. 2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but no later than: a. Two (2) hours if the alleged violation involves abuse OR had resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury. 3. Verbal/ written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone. 4. Notices will include, as appropriate: a. The name of the resident; b. The number of the room in which the resident resides, c. The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.); d. The date and time the alleged incident occurred, e. The name(s) of all persons involved in the alleged incident, and f. What immediate action was taken by the facility. 5. The Administrator, or his/ her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.</p> <p>Review of facility policy titled Accidents and Incidents- Investigating and Reporting with a revision date of July 2017 noted Policy Statement All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. Policy Interpretation and Implementation 1. The Nurse Supervisor/ Charge Nurse and/ or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 5. The Nurse Supervisor/ Charge Nurse and/ or department director or supervisor shall complete a Report of Incident/ Accident form and submit the original to the Director or Nursing Services within 24 hours of the incident or accident. 6. The Director of Nursing shall ensure that the Administrator receives a copy of the Report of Incident/ Accident form for each occurrence.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>38200</p> <p>Based on record review, interview, facility document review, and facility policy review, it was determined the facility failed to ensure an incident of an injury of unknown origin was immediately and thoroughly investigated, failed to ensure protective measures were consistently implemented and maintained for 2 (Resident #50, and #59) of 2 sample mix resident investigated.</p> <p>The findings are:</p> <p>Review of Resident #50's Progress Notes revealed an Incident Note dated 7/13/2024 at 6:11 PM that noted the resident was found on floor with cut to forehead, referring to [hospital] for observation.</p> <p>Review of Resident #50's Progress Note revealed an Alert Note dated 7/14/2024 at 5:56 PM that revealed [hospital] called regarding resident and stated that x-ray results from 7-13-2024 showed resident with fractured mandible bone and should be placed on soft foods diet and needs to follow up with Ears, Nose, and Throat (ENT.)</p> <p>Review of Resident #50's Order Summary Report revealed an order that indicated, regular diet, mechanical soft texture, Regular/Thin consistency Start Date 7/15/2024, [hospital] called regarding resident and stated that x-ray results from 7-13-2024 showed resident with fractured mandible bone and should be placed on soft foods diet and needs to follow up with ENT. every shift Start Date 7/14/2024.</p> <p>Review of Resident #50's Care Plan, dated 7/15/2024, noted Resident #50 has had an actual fall on 7/13/24 with serious injury (fractured mandible) related to (r/t) poor balance, for no apparent acute injury, determine and address causative factors of the fall.</p> <p>During an interview with Resident #50 on 10/10/24 at 10:38 AM, the Surveyor asked Resident #50 about an unwitnessed fall where they ended up with a fractured jawbone (mandible) and the resident stated they fell out of their chair trying to get into bed.</p> <p>During an interview with the Administrator on 10/10/24 at 11:49 AM, the Administrator confirmed she had no investigation completed for Resident #50's unwitnessed fall on 7/13/2024 that resulted in a major injury with a fracture to the resident's mandible.</p> <p>During an interview with the Nurse Consultant on 10/11/24 at 11:00 AM, he confirmed there was no I&amp;A for Resident #50 on 7/13/2024 after an unwitnessed fall that resulted in major injury.</p> <p>During an interview with the Administrator on 10/11/2024 at 11:03 AM, she confirmed no I&amp;A report had been completed for Resident #50 on 7/13/2024 after an unwitnessed fall that resulted in a major injury.</p> <p>Review of an Admission Record dated 09/10/2024 revealed Resident # 59 was admitted with the following diagnosis: two toes amputated, trouble communicating difficulty in walking, muscle wasting, type 2 diabetes mellitus, malnutrition, dehydration, high blood pressure chronic ulcer of left heel and midfoot, , dementia, and behavioral disturbance,</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a Progress Note dated 09/25/24 at 8:16 PM showed This nurse was called to resident's room resident has rolled out of bed onto fall mat face down and face was off mat hitting right side of face on floor. Resident able to move all extremities. He has blood all over right side of face and head. Resident cleaned up with wound cleaner approximately a 2 cm (centimeters) long and .3 wide abrasion across right eyebrow and complains of head hurting. [Doctor] notified by message sending resident out the hospital for evaluation, no family to notify. Resident informed emergency transport service contacted for transport.</p> <p>On 10/14/24 at 5:00 PM, the Administrator (AD) was asked if she had any reportable for the month of September. The AD indicated she did not have any reportable. The AD was asked if she was aware of Resident #59 being sent to the hospital on 09/25/24 due to a fall, the AD did not reply.</p> <p>A facility policy titled Abuse Investigation and Reporting with a revision date of July 2017 read Policy Statement .All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/ or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported. Policy Interpretation and Implementation Role of the Administrator: 1. If an accident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the Administrator will assign the investigation to an appropriate individual. 2. The Administrator will provide any supporting documents relative to the alleged incident to the person in charge of the investigation. 3. The Administrator will keep the resident and his/her representative (sponsor) informed of the progress of the investigation. 5. The Administrator will ensure that any further potential abuse, neglect exploitation or mistreatment is prevented. 6. The Administrator will inform the resident and his/ her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident. Role of Investigator: 1. The individual conducting the investigation will, as a minimum: a. Review the completed documentation forms; b. Review the resident's medical record to determine events leading up to the incident; c. Interview the person(s) reporting the incident; d. Interview any witnesses to the incident; e. Interview the resident (if medically appropriate); f. Interview the resident's Attending Physician as needed to determine the resident's current level of cognitive function and medical condition; g. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; h. Interview the resident's roommate, family members, and visitors; i. Interview other residents to whom the accused employee provides care or services; and j. Review all events leading up to the alleged incident. 3. The investigator will notify the ombudsman that an abuse investigation is being conducted. The ombudsman will be invited to participate in the review process. a. If the ombud declines the invitation to participate in the investigation, that information will be noted in the investigation record. The ombudsman will be notified of the results of the investigation as well as any corrective measures taken.</p> <p>A facility policy titled, Accidents and Incidents- Investigating and Reporting, with a revision date of July 2017, noted Policy Statement .All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. Policy Interpretation and Implementation 1. The Nurse Supervisor/ Charge Nurse and/ or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 5. The Nurse Supervisor/ Charge Nurse and/ or department director or supervisor shall complete a Report of Incident/ Accident form and submit the original to the Director or Nursing Services within 24 hours of the incident or accident. 6. The Director of Nursing shall ensure that the Administrator receives a copy of the Report of Incident/ Accident form for each occurrence.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>48390</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>37925</p> <p>Based on record review and interview, the facility failed to notify the Ombudsman of a resident's transfer to the hospital for 1 (Resident #57) sampled resident reviewed for hospitalization .</p> <p>The findings are:</p> <p>On 10/09/2024 at 2:23 PM, Resident #57's Progress Notes were reviewed and indicated on 08/26/2024 at 2:14 AM, the resident was being sent to a local hospital due to a decrease level of consciousness (LOC) and resident's relative was notified. On 09/05/24 at 18:25 (6:25 PM) an admission summary note indicated the resident was received back from [local hospital].</p> <p>Resident #57's Order Summary Report was reviewed and indicated the resident had a diagnosis of a type of disorder affecting a person's movements, ability to communicate, think, feel, and behave clearly (catatonic schizophrenia).</p> <p>Resident #57's admission Minimum Data Set, with an Assessment Reference Date of 08/21/2024, was reviewed and indicated the resident had a staff assessment for mental status score of 3, which indicated the resident was severely cognitively impaired and received antipsychotic medications since admission/entry or reentry.</p> <p>On 10/14/2024, the Assistant Director of Nursing (ADON) was asked to provide the Ombudsman's notification for Resident #57 and others who were transferred out of the facility in August and September 2024. On 10/14/2024 at 6:15 PM, the ADON stated, Social Services is responsible for this [Ombudsman notification], but it was not made clear to her that she was responsible for notifying the Ombudsman, so it was not done.</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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38200 48977</p> <p>Based on observation, interview, record review, facility document review, facility policy review, the facility failed to ensure female residents had hair removed from their face for 1 (Resident #35) of 1 sample mix resident to promote good hygiene; ensure male residents had been kept clean shaved for 1 (Resident #45) of 1 sample mix residents to promote good grooming; and to ensure that 1 (Resident #32) of 1 sample mix residents received regular scheduled baths and/or showers .</p> <p>The findings are:</p> <p>1. On 10/7/24 at 12:30 PM, the Surveyor observed Resident #35 sitting in a wheelchair in dining room. The resident observed to have hair on their chin.</p> <p>Review of Resident #35's Admission Record with an admitted [DATE] noted the resident has diagnoses of a paralyzed person with cerebral palsy and high pressure in the eyes (Primary angle glaucoma bilateral.)</p> <p>Review of Resident #35's Care plan, initiated date of 6/3/2024, revealed the resident had an activities of daily living (ADL) self-care performance deficit related to (r/t) confusion. Bathing/ showering: Provide sponge bath when a full bath or shower cannot be tolerated.</p> <p>Review of Resident #35's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/25/2024 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 08 (08-12 indicates moderately impaired) and is dependent for personal hygiene that includes shaving.</p> <p>Review of Resident #35's tub/shower transfer log for the past thirty (30) days documents from 9/17/2024 through 10/12/2024 and revealed the resident was bathed on 9/27/2024, 10/10/2024, 10/11/2024; 10/12/2024.</p> <p>On 10/7/24 at 2:12 PM, the Surveyor observed Resident #35 in their room in bed with hair still present on chin. Resident #35 confirmed wanting hair removed from their chin.</p> <p>On 10/8/2024 at 9:03 AM, the Surveyor observed Resident #35 in the day room near the nurses' station with hair still present on chin.</p> <p>On 10/9/2024 at 10:23 AM, the Surveyor observed Resident #35 being wheeled to the cafeteria by a staff member with hair visible on Resident's chin.</p> <p>2. On 10/07/24 at 9:47 AM, the Surveyor observed Resident #45 lying in bed with facial hair that appears to be unshaved.</p> <p>Review of Resident #45's Care Plan with an initiate date of 6/4/2024 does not reveal the Resident is care planned for ADL care.</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>Review of Resident #45's quarterly MDS with an ARD of 07/24/2024 revealed the resident has a Staff Assessment for Mental Status (SAMS) score of 3 (indicates moderately impaired) and is dependent for hygiene that included shaving.</p> <p>Review of Resident #45's shower log for the past thirty (30) days showed from 9/27/2024 through 10/12/2024 the resident received a shower/ bath on 9/27/2024, 9/28/2024, 10/11/2024, 10/12/2024.</p> <p>On 10/10/2024 11:12 AM, the Surveyor observed Resident #45 lying in bed with facial hair that appears to be unshaved.</p> <p>During an interview with Certified Nursing Assistant (CNA) #12 on 10/14/2024 at 2:56 PM, she confirmed both Resident #35 and Resident #45 have hair on their face that needs removing and it's good hygiene and dignity to shave the residents.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 10/14/2024 at 3:07 PM, she confirmed both Resident #35 and Resident #45 have hair on their face that needs removing and that both residents have not been showered/ bathed as scheduled. She also confirmed that is part of good hygiene to shave the residents.</p> <p>Facility policy titled Shaving the Resident with a revision date of 6/1/2012 noted Purpose the purpose of this procedure is to promote cleanliness and to provide skin care. Reporting 1. Notify the supervisor if the resident refuses the procedure.</p> <p>A review of the significant change Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 6/3/2024 revealed Resident #32 had memory problems, severely impaired cognition, never or rarely made decisions. Resident #32 had diagnoses of bacteremia ( bacteria in the bloodstream), cough, and wound infection.</p> <p>A plan of care for Resident #32 (revision on: 05/29/2024) revealed Resident #32 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to (r/t) cognitive deficits.</p> <p>On 10/09/2024 at 3:40 PM, the Surveyor was provided with the Bath Schedule for 7-3 shift and 3-11 shift which revealed Resident #32 received a bath Monday, Wednesday, and Friday.</p> <p>On 10/10/24 at 3:17 PM, A review of Skin Monitoring: Comprehensive CNA Shower Review for the months of September and October revealed Resident #32 had a bed bath on 09/18/2024, 9/19/2024, 09/27/2024 and 10/07/2024 and a wash up by hospice on 09/23/2024 and 09/25/2024.</p> <p>On 10/10/2024 at 4:40 PM, the Administrator stated if Resident #32 only received 6 baths in the past two months that likely means Resident #32 has not been getting baths/showers. The Administrator stated it was the facility's responsibility to take care of their residents and Resident #32 cannot refuse a bath/shower because the resident does not talk.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/14/2024
NAME OF PROVIDER OR SUPPLIER  Pine Bluff Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE  6810 South Hazel Street Pine Bluff, AR 71603	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38200</p> <p>Based on observation, interview, record review, and facility document review, it was determined the facility failed to ensure residents who have physician orders for weekly skin evaluations had their skin evaluated for 4 (Resident #13, #35, #63, #366) of 4 sample mix residents with orders for weekly skin evaluations; and to ensure residents with a contracture had a treatment in place to prevent further decline in accordance with professional standards of practice for 1 (Resident #13) of 1 sample mix residents.</p> <p>The finding are:</p> <p>1. On 10/8/2024 at 11:03 AM, the surveyor observed a dressing on Resident #13's right lower leg. Resident #13 told the surveyor it was covering an open spot.</p> <p>Review of Resident #13's Order Summary Report dated 5/20/2024 noted weekly nursing assessment and body audit on Wednesdays, right lower leg swelling with small cluster of blisters: cleanse with wound cleanser, pat &amp; dry, paint with betadine, apply abdominal (ABD) pads and wrap with gauze one time a day every Monday, Wednesday, Friday for wound care and every 24 hours as needed for wound care.</p> <p>On 10/9/2024 at 10:36 AM, skin assessments section Skin Only Evaluation reviewed and revealed skin assessments conducted on:</p> <p>5/30/2024</p> <p>6/7/2024</p> <p>7/8/2024</p> <p>7/15/2024</p> <p>7/18/2024</p> <p>7/22/2024</p> <p>7/25/2024</p> <p>7/30/2024</p> <p>10/8/2024</p> <p>Review of Resident #13's Care Plan, dated 7/26/2024, noted staff were to monitor/ document location, size and treatment of skin injury and to report abnormalities, failure to heal, signs and symptoms of infection, or maceration to the physician. Weekly treatment documentation is to include measurement of each area of skin breakdown's width, depth, type of tissue and drainage and any other notable changes.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #13's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/17/2024 documented Resident #13 was not at risk of pressure ulcer/ injuries and that there were no unhealed pressure ulcers/ injuries. The MDS showed the resident had no other ulcers, wounds, or skin problems.</p> <p>2. Review of Resident #35's Order Summary, dated 5/21/2024, noted weekly nursing assessment and body audit one time a day.</p> <p>Review of Resident #35's Skin assessments section Skin Only Evaluation reviewed and revealed skin assessments conducted on:</p> <p>6/5/2024</p> <p>7/7/2024</p> <p>7/16/2024</p> <p>7/16/2024</p> <p>7/25/2024</p> <p>3. Review of Resident #63's Order Summary Report, dated 5/20/2024, noted complete nursing assessment/ body audit every week on 7 PM-7 AM.</p> <p>Review of Resident #63's Skin assessments section Skin Only Evaluation reviewed and revealed skin assessments conducted on:</p> <p>7/2/2024</p> <p>7/2/2024</p> <p>7/9/2024</p> <p>4. Review of Resident #366's Order Summary Report dated 7/24/2023 noted weekly summary and body audit once a week on Saturday, 7 AM to 3 PM shift.</p> <p>Review of Resident #366's Skin assessments section Skin Only Evaluation reviewed and revealed skin assessments conducted on:</p> <p>7/6/2024</p> <p>7/13/2024</p> <p>7/20/2024</p> <p>7/27/2024</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. On 10/8/2024 at 11:04 AM, the Surveyor observed Resident #13's right arm to be flaccid and right hand is contracted with no device present.</p> <p>Review of Resident #13's Admission Record revealed a diagnosis of hemiplegia affecting right dominant side.</p> <p>Review of Resident #13's Care Plan dated 5/9/2024 does not have the resident care planned for a flaccid arm or contracted right hand.</p> <p>Review of Resident #13's Quarterly MDS with an ARD of 8/17/2024 noted in section GG0115.functional limitation in range of motion impairment on one side of upper extremity.</p> <p>On 10/9/2024 at 2:37 PM, the Surveyor observed Resident #13 sitting outside in the smoking area. Resident #13's right hand was contracted with no device present.</p> <p>On 10/11/24 at 2:44 PM, the Surveyor observed Resident #13 in room with LPN #11 who was getting ready to perform tracheostomy care and the surveyor observed no device in resident #13's right hand that appears contracted.</p> <p>During an interview with Certified Nursing Assistant (CNA) #12 on 10/14/2024 at 2:56 PM, she confirmed Resident #13 has a right-hand contracture and no device has been present in the right hand.</p> <p>During an interview with Licensed Practical Nurse (LPN) #11 n 10/11/2024 at 3:03 PM, he confirmed Resident #13's right arm is flaccid (complete lack of voluntary movement in a limb) and right hand is contracted with no device present. LPN #11 confirmed the resident is not care planned for flaccid right arm or contracted right hand.</p> <p>A facility policy titled Treatment of Contractures indicated, Elders of this facility will be provided care to prevent formation of progression of contractures and deformities. Contractures are joint deformities caused by immobility. Contractures develop rapidly and are difficult or impossible to reverse without surgery. When muscles are weak, contractures place the muscles in a position of mechanical disadvantage and weakness and muscle wasting from lack of use leads to atrophy. Procedure: Contracture treatment: Restorative staff, nursing staff and therapy staff will work closely to prevent the progression of contractures. Contractures treatment will include slow, gentle stretching and massage. Range of Motion (ROM) exercises will be provided following the facility's Range of Motion Exercise Policy and Procedure. Contracture plans will be developed and supervised by a skilled therapy and the Restorative Nurse Coordinator. Restorative nursing staff will report any changes in ROM to the Restorative Nurse Coordinator immediately for further assessment and revision to the restorative care plan. Use of handrolls to prevent hand/ finger contractures: Handrolls should be considered part of routine care of all dependent elders. May be applied based on nursing assessment and nursing judgement orders and no physician order is required unless elder has severe deformities/ contractures of hand(s).</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>38200</p> <p>Based on record review, interview, facility document review, and facility policy review, it was determined that the facility failed to ensure physician's orders were followed for 1 (Resident #16) of 1 sample mix resident with a wound and orders for skin evaluations weekly.</p> <p>The findings are:</p> <p>Review of Resident #16's Order Summary Report dated 5/21/2024 noted a stage 3 wound to left big toe: Cleanse with wound cleanser, pat &amp; dry, apply collagen matrix with silver to affected site, cover with dry dressing, complete nursing assessment/ body audit every week on 7 PM-7 AM shift.</p> <p>Review of Resident #16's Quarterly Minimum Data Set (MDS) with an Assessment Reference date of (ARD) of 08/26/2024 noted in Section M0150 that the resident did not have an unhealed pressure ulcer/ injury. Section M1030 noted the resident did not have any venous or arterial ulcers.</p> <p>Review of Resident #16's Skin Only Evaluation dated 08/19/2024 revealed left great toe wound length 0.4 centimeters (cm), width 0.4 cm, 0.1 cm. Skin Only Evaluation dated 10/12/2024 revealed left great toe wound length 1.5 cm, width 1 cm, depth 0.2 cm. There are no other wound evaluations from 08/19/2024 through 10/12/2024.</p> <p>Skin Only Evaluations:</p> <p>05/22/2024- Diabetic foot ulcer</p> <p>Length: 1 cm</p> <p>Width: 1 cm</p> <p>Depth: 0.1 cm</p> <p>07/16/2024- Diabetic foot ulcer</p> <p>Length: 0.4 cm</p> <p>Width: 0.4 cm</p> <p>Depth 0.126 cm</p> <p>07/23/2024- Diabetic foot ulcer</p> <p>Length: 0.3 cm</p> <p>Width: 0.3 cm</p> <p>Depth: none recorded</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>07/24/2024- Other skin issue. No measurements- documented left greater toe area already being treated.</p> <p>07/25/20240 Diabetic foot ulcer</p> <p>Length: 0.3</p> <p>Width: 0.3</p> <p>Depth: not recorded</p> <p>07/31/2024</p> <p>Skin. Does Resident have current skin issues? No</p> <p>08/06/2024- Diabetic foot ulcer</p> <p>Length: 0.4 cm</p> <p>Width: 0.4 cm</p> <p>Depth: 0.1 cm</p> <p>08/12/2024</p> <p>Skin. Does Resident have current skin issues? No</p> <p>08/19/2024- Diabetic foot ulcer</p> <p>Length: 0.4 cm</p> <p>Width: 0.4 cm</p> <p>Depth: 0.1 cm</p> <p>10/12/2024- Pressure ulcer/ injury:</p> <p>Length: 1.5 cm</p> <p>Width: 1 cm</p> <p>Depth: 0.2 cm</p> <p>Review of Resident #16's Care plan dated 9/20/2024 noted the resident has potential/actual impairment to skin integrity of the body related to fragile skin. Educate resident/family/caregivers of causative factors and measures to prevent skin injury. Follow facility protocols for treatment of injury.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Practical Nurse (LPN) #13 on 10/14/2024 at 3:00 PM, she confirmed Resident #16 should have had weekly skin evaluations completed as indicated on the physician's order.</p> <p>During an interview with Assistant Director of Nursing (ADON) on 10/14/2024 at 3:07 PM, she confirmed Resident #16 should have had weekly skin evaluations completed as indicated on the physician's order.</p> <p>During an interview with the Nurse Consultant by telephone on 10/14/2024 at 6:19 PM, he confirmed Resident #16's pressure ulcer was changed from a diabetic ulcer to a pressure ulcer on 10/12/2024 because it was not a diabetic ulcer as documented on 5/22/2024 it is pressure ulcer. The Nurse Consultant confirmed that weekly skin evaluations were not completed for Resident #16 as ordered by the physician.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48977</p> <p>Based on observation, interviews, record reviews, and facility policy reviews the facility failed to ensure incontinence care was provided in a clean and sanitary manner to promote cleanliness for 2 (Resident #32 and #33) sampled residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. A review of the significant change Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 6/01/2024 revealed Resident #33's Brief Interview of Mental Status (BIMS) score was 14, indicating the resident was cognitively intact. Resident #33 was occasional incontinent of bowel and bladder.             <ol style="list-style-type: none"> <li>a. A plan of care (Revision on: 06/10/2024) revealed Resident #33 had episodes of occasional incontinence related to (r/t) impaired mobility.</li> <li>b. On 10/03/2024 at 9:30 AM, the Surveyor observed Certified Nursing Assistant CNA #14 improperly cleaning Resident #33 genital area by wiping in a back-and-forth motion with one wipe, a practice that can spread germs and cause urinary tract infections.</li> <li>c. On 10/03/2024 at 9:40 AM, the Surveyor asked CNA #14 if they were trained to wipe more than once with one wipe without folding. CNA #14 stated no ma'am.</li> </ol> </li> <li>2. A review of the significant change Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 6/3/2024 revealed Resident #32 had memory problems, severely impaired cognition, never or rarely made decisions. Resident #32 had diagnoses of bacteremia, cough unspecified, and wound infection.             <ol style="list-style-type: none"> <li>a. A plan of care for Resident #32 (revision on: 05/29/2024) revealed Resident #32 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to (r/t) cognitive deficits.</li> <li>b. On 10/07/2024 at 1:03 PM, the Surveyor noted Resident #32 was lying in the bed with a wet ring around the buttock area.</li> <li>c. On 10/08/2024 at 2:30 PM, Surveyor observed CNA #15 provide incontinence care to Resident #32. CNA #15 improperly cleaned the resident by not cleaning all of the genital area which had been exposed to urine and potentially feces. Resident #32 was incontinent of urine during care and CNA #15 did not clean the resident a second time.</li> <li>d. On 10/08/2024 at 2:50 PM, CNA #15 stated she did not clean all of the genital area because it was too hard due to the Resident's contracture. CNA #15 stated she did not clean Resident #32 after the incontinence episode during care.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. On 10/10/2024 at 4:40 PM, the Administrator stated if the sheet under the resident's buttock was wet, that indicated lack of care, staff not doing rounds every 2 hours, and/or we do not care about our residents. The Administrator stated when providing incontinence care the entire genital area should be cleaned to prevent Urinary Tract Infection (UTI), yeast infections, poor wound healing.</p> <p>f. A policy titled Perineal Care Protocol noted perineal care would be provided every shift as needed based on the individual needs of the resident.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>48977</p> <p>Based on interviews and facility policy review the facility failed to ensure the facility had full-time Director of Nursing (DON) coverage.</p> <p>The findings include:</p> <p>On 10/08/2024 at 3:35 PM, the Surveyor was provided a calendar for the months of July, August, September, and October. The Surveyor noted there was not a DON employed, nor an interim filling in for role of DON, at the facility from August 10, 2024-August 18, 2024.</p> <p>On 10/14/2024 at 1:00 PM, the Surveyor was provided check stubs of the Director of Nursing's which did not reflect fulltime hours consistently during a two-week timeframe.</p> <p>On 10/14/2024 at 4:40 PM, the Administrator stated sometimes we had DON coverage sometimes we did not.</p> <p>A policy titled Staffing noted the facility provided sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with the facility assessment.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>48977</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure daily staffing was posted visible for resident and visitor with all the required components.</p> <p>The findings include:</p> <p>On 10/10/2024 at 9:00 AM, the Surveyor noted there was no posting of the daily staffing and resident census visible for visitors and residents to see. The Surveyor noted on previous sign in sheet there was no tally of actual hours worked per shift for direct care staff.</p> <p>On 10/10/2024 at 2:00 PM, Licensed Practical Nurse #7 the facility's Staff Coordinator stated she did not know it was required to have a visible posting which included the facility name, date, census, nursing staff responsible for director care, and a tally of actual hours worked per shift.</p> <p>On 10/14/2024 at 04:40 PM, the Administrator stated there was not a daily posting for staffing which included all the required components.</p> <p>A policy titled Posting Direct Care Daily Staffing Numbers noted the facility would post daily for each shift the number of nursing personnel responsible for providing direct care to residents. The Information on the form shall include the facility name, date, census, category of licensed and unlicensed staff working each shift, and actual time worked that shift for each category.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37925</p> <p>38200</p> <p>Based on record review, and interview, the facility failed to accurately account for a controlled medication after administration for 1 (Resident #50) resident who was reviewed for pharmaceutical services and failed to ensure pharmaceuticals available for the residents during medication administration were dispensed with the accurate dosage for 1 (Resident #63) sampled resident reviewed for medication dosages.</p> <p>The findings are:</p> <p>Resident #50's Order Summary Report was reviewed and indicated the resident had a diagnosis of a disorder associated with mood swings from depressive lows to manic highs (bipolar). Clonazepam 0.5 milligram (mg) was ordered 08/31/2024 to give 1 tablet by mouth every 8 hours as needed for anxiety.</p> <p>A quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/15/2024 was reviewed and indicated Resident #50 had a Staff Assessment for Mental Status (SAMS) score of 2, which indicated moderately cognitively impaired and was taking antipsychotic medications.</p> <p>Review of a care plan, dated as last reviewed 06/19/2024, showed Resident #50 used psychotropic medications and to monitor/ document any adverse reactions such as frequent falls loss of appetite or behavior symptoms not usual to the person.</p> <p>The September 2024 electronic Medication Administration Record (eMAR) was reviewed and indicated a dose of Clonazepam 0.5 mg was administered on the 7th at 2144 (9:44 PM) and on the 8th at 0057 AM (12:57 AM) and the follow-up code, E, was documented with each dose and indicated the medication was effective.</p> <p>The narcotic log for the secured unit was reviewed and on page 38, indicated Clonazepam 1 mg was ordered to be taken three times a day. On 09/07/2024 at 220 (10:00 PM) a dose was documented as wasted due to an order change and there was only one signature on the line. On page 45 of the narcotic log, Clonazepam 0.5 mg was ordered every 8 hours as needed and the page was started on 10/05/2024. The page did not indicate if the order was moved from another page. The balance remaining was 60 tablets, and no medication had been signed out on this page.</p> <p>On 10/14/2024 at 6:30 PM, Licensed Practical Nurse (LPN) #7 was interviewed with concurrent observations. She was asked to show this surveyor the prior page of Clonazepam 0.5 mg for September 2024 which reflected the September eMAR. LPN #7 after reviewing all the folded pages for Clonazepam 0.5 mg, she stated she did not see another page for Clonazepam 0.5 mg, only Clonazepam 1 mg tablets. She stated the process of signing out controlled substances was the nurse signs the medication out when punched out of the medication cart. She stated if an error/discrepancy was identified in the controlled substance log, the nurses were instructed to call the Director of Nursing and Administrator. On 10/14/2024, this surveyor informed the ADON and Administrator of a discrepancy for Resident #50's Clonazepam 0.5 mg documentation for September 2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Pine Bluff Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE  6810 South Hazel Street Pine Bluff, AR 71603	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #63's Admission Record revealed the resident was admitted on [DATE] with a diagnosis of Essential Hypertension.</p> <p>Review of Resident #63's Care Plan with an initiation date of 5/9/2024 noted the resident has high blood pressure issues and prescribed Nifedipine extended release (ER) 60 milligrams (mg).</p> <p>Review of Resident #63's Order Summary Report noted Nifedipine Tab ER 24 hour (HR) 60 mg give 1 tablet orally two times a day related (r/t) to high blood pressure with a start date of 5/20/2024.</p> <p>Review of Resident #63's Medication Administration Record (MAR) for May 2024, June 2024, and July 2024 noted the resident was prescribed Nifedipine tab ER 24 HR 60 MG give 1 tablet orally two times a day related to Essential Hypertension with a start date of 5/20/2024 at 8:00 AM.</p> <p>Review of Resident #63's [Pharmacy] prescription order summary dated 10/11/2024 revealed Nifedipine ER 90 MG was dispensed to the facility on [DATE] quantity (QTY) 60; 12/22/2023 QTY 60; 1/25/2024 QTY 60; 2/27/2024 QTY 62; 3/25/2024 QTY 60; 4/25/2024 QTY 62; 5/22/2024 QTY 60; 6/20/2024 QTY 62; 6/21/2024 QTY 60; 9/13/2024 QTY 60.</p> <p>During an interview with the Nurse Consultant on 10/11/2024 at 2:55 PM, he confirmed that Resident #63 did not receive the physician ordered dose of Nifedipine ER 60 mg two times a day for hypertension, however the resident was ordered and received Nifedipine ER 90 mg two times a day from 5/20/2025 through Resident #63's discharge on 7/9/2024.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 10/14/2024 at 3:07 PM, she confirmed Resident #63 did not have their correct dosage of Nifedipine ordered from the pharmacy from 5/9/2024 through discharge on 7/9/2024 and that the resident continued to receive 90 milligrams versus the ordered 60 milligrams and that the pharmacy should have been notified immediately about the change.</p> <p>Facility policy titled Pharmacy Services Overview with a revision date of April 2007 noted Policy Interpretation and Implementation f. Help the facility assure that medications are requested, received, and administered in a timely manner as ordered by the authorized prescribers.</p> <p>Facility policy titled Medication and Treatment Orders with a revision date of July 2016 noted Policy Statement Orders for medications and treatments will be consistent with principles of safe and effective order writing. Policy Interpretation and Implementation 1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. 9. Orders for medications must include: a. Name and strength of the drug.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 03508</p> <p>Based on observation and interview, the facility failed to ensure the kitchen was free of pests; kitchen floor was free of dirt and, grease; food items stored in the refrigerator and freezer were covered, sealed, and dated; leftover foods were used in a manner to maintain food quality; expired dairy products was promptly removed/discarded on or before the expiration or use by date to prevent the growth of bacteria; ice machine was maintained in clean and sanitary condition and dietary staff washed their hands before handling clean equipment when contaminated, dairy product was maintained at 41 degrees Fahrenheit or below and hot food items were maintained at above 135 degrees Fahrenheit on the steam table.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 8:59 AM, the following observations were made in the kitchen: <ol style="list-style-type: none"> <li>a. One roach was crawling around the hand washing sink, and one-half dead around the food preparation sink. The surveyor pointed them out the half dead roach to Dietary Aide (DA) #2, who removed the roach.</li> <li>b. The floor around the oven and grill had an accumulation of grease and food crumbs.</li> <li>c. The body of the grill and oven had a build-up of grease with caked in greasy foods on them.</li> <li>d. DA #2 stated if it is constantly cleaned like it supposed to be cleaned, it will not look like it is now. There was loose foil and food crumbs on the floor behind the oven and grill.</li> <li>e. An opened bottle of grape jelly was on the counter. The manufacturer's specification on the bottle indicated to refrigerate after opening. DA #2 stated jelly should not be left out, they supposed to be refrigerated.</li> </ol> </li> <li>2. On [DATE] at 9:10 AM, the following observations were made on a shelf in the walk-in refrigerator: <ol style="list-style-type: none"> <li>a. An opened container of diced tomatoes with a sage colorization. DA #2 stated it's starting to turn bad.</li> <li>b. One leftover container of pasta sauce dated [DATE]. DA #2 stated they supposed to store it for only 3 days.</li> <li>b. A plastic bag that contained leftover scrambled eggs and a plastic bag that contained pureed sausage and whole sausage, were on a shelf in the refrigerator.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. On [DATE] at 9:11 AM, when asked during an interview what were in the plastic bags and what are they used for, DA #2 stated they are scrambled eggs and pureed sausage and sausage patties. They use them the next day for the residents on mechanical and pureed diets. The quality of the food is gone when reheating them the next day, the sausage will feel rubbery.</p> <p>d. Two containers of cottage cheese with an expiration date of [DATE].</p> <p>e. One container of sour cream with an expiration date [DATE].</p> <p>c. There were 15 bags of bread, 12 bags of hot dog buns and 4 bags of hamburger buns with the received date of [DATE]. The manufacturer specification on the box indicated to keep frozen at 0 or below.</p> <p>3. On [DATE] at 9:31 AM, the following observations were made on a shelf in the freezer:</p> <p>a. An open box of diced chicken. The box was not covered or sealed.</p> <p>b. An opened box of hamburger patties. The box was not covered or sealed.</p> <p>c. An opened box of corndog. The box was not covered or sealed.</p> <p>d. An opened box of turkey sausage. The box was not covered or sealed.</p> <p>e. An opened box of marinara sauce with 150 counts of marinara sauce with an expiration date of [DATE].</p> <p>f. An opened bag of chicken tenders. The box was not sealed.</p> <p>g. An opened box of corn on the knob. The box was not covered or sealed.</p> <p>h. An opened box of cookie dough. The box was not covered or sealed.</p> <p>On [DATE] at 9:42 AM, the following observations were made in the cabinet in the kitchen:</p> <p>a. An opened bag of grits. The was no indication of when it was opened.</p> <p>b. An opened bag of oatmeal. The bag was not sealed.</p> <p>4. On [DATE] at 9:43 AM, the following observations were made in the storage room:</p> <p>a. An opened bag of salt was on a shelf. The bag was not sealed.</p> <p>b. An opened box with 150 counts of marinara sauce was on a shelf with an expiration of date of [DATE].</p> <p>c. An opened bag of rice. The box was not covered, and the bag was not sealed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. On [DATE] at 10:11 AM, the ice machine in the nourishment room behind the nurses' station for 300 hall had a wet, reddish-pink, slimy residue on the panel. It was pointed out to DA #2 and asked if the residue build up could be wiped off. She used a tissue and wiped it off. The reddish-pink residue easily transferred to the tissue. DA #2 during interview stated that was slimy wet reddish pink residue. She doesn't know who uses the ice from ice machine. The receptionist stated the ice is used by the Certified Nursing Assistant to fill the water pitchers in the resident's rooms. On [DATE] 7:45 AM, the maintenance supervisor, stated he cleaned the ice machine every month.</p> <p>5. On [DATE] at 11:05 AM, DC #1 turned on the hand washing sink, washed his hands, turned off the hand washing sink faucet with his bare hands, contaminating his hands. Without rewashing his hands, he picked up a clean blade and attached it to the base of the blender to be used in pureeing the food items to be served to the residents who required pureed diets.</p> <p>6. On [DATE] at 11:20 AM, (Dietary Cook) DC #1 turned on the hand washing sink, washed his hands, turned off the hand washing sink faucet with his bare hands, contaminating his hands. Without rewashing his hands, he picked up a clean blade and attached it to the base of the blender to be used in pureeing the food items to be served to the residents who required pureed diets. DC #1 stated he should have washed his hands.</p> <p>7. On [DATE] at 11:23 AM, the DA #3 lifted a trash can lid and threw away tissue paper. Without washing his hands, he picked up glasses by the rims and poured beverages in them to serve to at the lunch meal. DA #3 stated he should have washed his hands.</p> <p>8 On [DATE] at 11:56 AM, DA #5 wore gloves on her hands when she was preparing ham and cheese sandwiches. She turned on the food preparation sink and rinsed off a spatula, turned off the sink faucet with her gloved hands, contaminating the gloves. Without changing gloves and washing her hands, she removed slices of bread from the bread bag and placed them on the liner on the counter, removed slices of bologna from the packet and placed them on top of a slice of bread. DA #5 stated she should have washed her hands.</p> <p>9. On [DATE] at 12:10 PM, the temperature of the steak fingers of the food items when checked on the steam table by the DC #1. The steak fingers were 125 degrees Fahrenheit. The above food items were not reheated before being served to the residents.</p> <p>10. On [DATE] at 2:25 PM, the temperature of the egg salad sandwich in a paper plate at bottom shelf of the food cart by the steam table was checked by the DA #2 and was 47.2 degrees Fahrenheit. DA #2 stated they should have been in the refrigerator.</p> <p>11. On [DATE] at 12:33 PM, DA #2 was asked if she could check the temperature of the ham sandwiches in in a paper plate at the bottom shelf of the food cart by the steam table. The DA #2 stated it was 58 degrees Fahrenheit. DA #2 was asked if the sandwiches were not cold enough, where should they be stored. DA #2 indicated the sandwiches would be closer to temperature if they weren't sitting out for an hour. DC #1 stated to toss them.</p> <p>12. On [DATE] at 1:14 PM, the surveyor observed DA #4 taking a food cart that contained left over cup of milk from lunch in the walk-in refrigerator. DA #4 was asked if she could check the temperature of the leftover milk in the cup. DA #4 stated it was 54.2 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>13. A facility policy titled, Hand Washing and Glove Usage, undated and provided by the Administrator, indicated hands should be washed before starting work and after touching anything else dirty.</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>37925</p> <p>Based on interview, the facility failed to develop and implement a facility assessment. This failed practice had the potential to affect all the residents residing in the facility. The total census was 63. The findings are:</p> <p>On 10/07/2024 the survey team entered the facility. The Administrator provided documents for review, but there was no facility assessment included in the information provided.</p> <p>On 10/11/2024 at 8:43 AM, the Nurse Consultant was informed by this surveyor the facility assessment was needed for review. The nurse consultant returned and stated he had spoken with the Administrator, and she informed him the facility did not have a facility assessment in place.</p> <p>On 10/14/2024 at 4:15 PM, the Administrator was interviewed and asked who was responsible for completing the facility assessment. She stated the Administrator and had no explanation why the facility assessment had not been completed. She informed this surveyor she became the Administrator at the facility on 11/23/2023. She was asked what the purpose of the facility assessment was. The following were some of the reasons she stated: to see where the facility's strengths and weaknesses were, if a performance improvement plan (PIP) was needed, and to see if someone needed to assess the building.</p> <p>On 10/14/2024, the Assistant Director of Nursing (ADON) provided a Facility Assessment Tool, dated 08/18/2017, which was reviewed and included no information for the facility. The facility assessment tool indicated the intent of the facility assessment was for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents required.</p>