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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>045384 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>10/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Woodbriar Nursing Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>204 Catherine St<br>Harrisburg, AR 72432 |                                              |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>51477</p> <p>Based on observation, interview, and record review, the facility failed to document and complete a person-centered care plan to facilitate the ability to plan and provide necessary care and services for 1 (Residents #38) sampled resident whose care plan was reviewed.</p> <p>The findings are:</p> <p>1. A review of an Admission Record indicated the facility admitted Resident #38 with diagnoses of cerebral infarction (stroke), hypertension (high blood pressure), and congestive heart failure (a condition in which a person heart doesn't pump correctly).</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/13/2024 revealed Resident #38 had a Brief Interview Mental Status (BIMS) score of 03, which indicated the resident had severe cognitive impairment. In Section N part N0415 subpart E Anticoagulant (blood thinner) revealed that it was marked as given within the last 7 days of ARD period.</p> <p>Review of Resident #38's Care Plan, with completed update on 10/9/2024, revealed the resident did not have anticoagulants nor the medication Eliquis (Blood thinner) care planned.</p> <p>During an interview 10/09/2024 9:00 AM, MDS Coordinator stated there wasn't anything care planned involving anticoagulants or Eliquis.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Woodbriar Nursing Home                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>204 Catherine St<br>Harrisburg, AR 72432 |                                              |
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| <p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>50923</p> <p>Based on interviews, employee record review, and document review, it was determined the facility failed to ensure five Nursing Assistants (NA) completed competency training and failed to complete the certification testing within 120 days from completion of their initial training.</p> <p>The findings are:</p> <p>Reviewed employee records of all reported full-time Nursing Assistants (NA) employed at the facility on 10/09/2024 at 1:30 PM, all five NAs were hired within the last three months, and each had not yet completed the certification process. The only records provided were the certificates stating the completion of the initial 90-hour training. There were no records showing competencies from the initial training, nor any from the facility in which they were employed.</p> <p>During an interview on 10/09/2024 at 2:40 PM, the Human Resources/Social Services (HR/Social) confirmed the facility has five NAs which have not completed the requirements for certification. Records provided by the facility indicate the following are NAs awaiting testing certification and dates of completion of initial 90 hours of Nursing Assistant training: NA #1 completed on 11/21/2023, NA #2 completed on 12/21/2023, NA #3 completed on 04/08/2024, NA #4 completed on 05/02/2024, and NA #5 completed on 02/06/2024. HR/Social confirmed the facility cannot provide documentation of the training the NAs completed during their initial 90-hour training and cannot provide documentation of competencies for work duties assigned such as transfers, isolation precautions, use of mechanical lift, nail care, or showers. HR/Social stated, We do not request the proof of skills completed from the training facilities because if they pass, we know they had to complete all necessary training to pass, and we don't go through a check off list of skills here once they start. They just follow another CNA for a week or so and train with them. HR/Social stated she was told the NAs had one year to test from completion of their initial training to pass the test.</p> <p>During an interview on 10/10/2024 at 9:30 AM, the Administrator confirmed the facility was under the impression NAs have one year to test from the date of completing their initial training. The Administrator also confirmed the facility does not have a training protocol or policy regarding training and/or certification of NAs, and the facility assigned the NAs to a CNA to assist with training, but they do not document a skills check off list for these employees. The Administrator stated, We provide continued training and random monitoring of the NAs/CNAs to ensure good care is provided to the residents, but as far as documentation of initial skills training, I don't think we have that to provide.</p> |                                                                                       |                                              |

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| <p>F 0848</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>43262</p> <p>Based on record review and interview, the facility failed to include the selection of a neutral arbitrator to be agreed upon by both parties and for the selection of a venue convenient to both parties in the Arbitration Agreement.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 10/07/2024 at 10:30 AM, the facility's Arbitration Agreement was received from the Administrator as part of the admission packet.</li> <li>2. During an interview on 10/09/2024 at 9:30 AM, the Human Resource(HR)/Social said during admission she defined an arbitration as if a dispute comes up, it would be handled by an arbitrator instead of going to court. She explains the arbitration agreement after the resident/representative read the agreement, then she asks the questions on the 3rd page to make sure the resident/representative understands before signing. HR/Social said the agreement doesn't include the selection of a neutral arbitrator would be agreed upon by both parties and that the selection of a venue would be convenient to both parties.</li> <li>3. During an interview on 10/10/2024 at 9:44 AM, the Administrator said there is a paragraph stating the dispute would be resolved under NAF's (National Arbitration Forum rules. The agreement does not specially say the agreement provides for the selection of a neutral arbitrator agreed upon by both parties or that the agreement provides for the selection of a venue that is convenient to both parties.</li> </ol> |