

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Katherine's Place at Wedington		STREET ADDRESS, CITY, STATE, ZIP CODE 4405 West Persimmon Street Fayetteville, AR 72704	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46723</p> <p>Based on observation and interview, the facility failed to ensure residents received assistance with dining in a manner that preserved dignity for 1 (Resident #15) sampled resident.</p> <p>Findings include:</p> <p>Review of a modification of Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/25/2024 revealed Resident #15 had a Brief Interview for Mental Status score of 02 (0-7 indicates severe cognitive impairment).</p> <p>Review of Medical Diagnoses revealed Resident #15 had diagnoses of unspecified dementia, psychotic disturbance, mood disturbance, and anxiety.</p> <p>During an observation on 05/13/2024 at 12:25 PM, Certified Nursing Assistant (CNA) #1 was providing feeding assistance for Resident #15. CNA #1 was standing while attempting to feed a spoonful of food. The Surveyor asked, When feeding a resident that needs help, how should an aide feed the resident? LPN #1 stated, Oh, sitting, I did that because [Resident #15] was far from me.</p> <p>During an interview on 05/15/2024 at 12:10 PM, the Assistant Director of Nursing (ADON) reported that staff have stools that roll from one resident to the other while assisting with eating, because residents are sitting down, and staff need to look them in the eyes.</p> <p>Review of a Policy titled, Dignity indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem .Residents are treated with dignity and respect at all times .</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>50505</p> <p>Based on interview, record review, and record review, the facility failed to ensure a bed hold notification was sent to a resident and/or resident representative following a hospital transfer and admission for 1 (Resident #13) of 1 resident reviewed for hospitalization s.</p> <p>Findings include:</p> <p>A review of an eInteract Transfer Form V5 revealed Resident #13 had an unplanned transfer to the local hospital on 03/03/2024 at 05:30 PM for a change of condition.</p> <p>A review of Business Office Manager (BOM) Facility Initiated Transfer-V4, revealed Resident #13 had a form completed on 02/02/2024 for a previous hospital transfer but there was no form located for the transfer on 03/03/2024.</p> <p>During an interview on 05/16/2024 at 12:17 PM, the Business Office Manager (BOM) confirmed that there was not a bed hold notification letter created or sent to the resident and/or resident representative for Resident #13 hospital transfer on 03/03/2024. The Surveyor asked, What is the process for ensuring that residents and/or resident representatives are notified of the bed hold? The BOM stated, The system generates them, and it was a weekend transfer, and I did not catch it. They are typically created within 24 hours of transfer. The BOM added, The bed hold letters are sent out to inform the resident and representative they have a bed available when they are ready to come back.</p> <p>During an interview on 05/16/2024 at 02:22 PM, the Surveyor asked the Administrator, What is the facilities process for bed hold notification letters? The Administrator stated, The bed hold notification letters are to inform the family and resident they have a bed to come back to and to help keep the family informed. The Administrator added, That the facilities electronic medical record software sends a notification when a resident goes to an outside facility. At that point the BOM does an assessment and provides a bed hold notification letter to either the resident or the resident representative. This is completed within 24 hours.</p> <p>During an interview on 05/16/2024 at 02:50 PM, the Administrator confirmed after speaking with the BOM that a bed hold notification letter was not created or sent to the resident and/or resident representative following a hospital transfer on 03/03/2024 for Resident #13.</p> <p>A review of the facility's undated policy titled Bed hold Policy, indicated The resident and the resident's representative must receive a copy of this notice.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>50505</p> <p>Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to initiate care areas and interventions on the resident care plan for oxygen usage and physician's orders for high risk medications for 3 (Resident #13, Resident #15, and Resident #99) of 3 sampled residents reviewed for care plans and interventions.</p> <p>Findings include:</p> <p>1. A review of an Order Summary indicated the facility admitted Resident #13 with diagnoses that included atherosclerotic heart disease and type 2 diabetes mellitus.</p> <p>A. A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/23/2024 revealed Resident #13 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. This MDS indicated that Resident #13 had received insulin injections for the past 7 days and was taking an anticoagulant.</p> <p>B. A review of Resident #13's Care Plan on 05/15/24 at 10:22 AM revealed that this resident's care plan did not address anticoagulant use and insulin use.</p> <p>C. A review of Resident #13's Order Summary revealed Resident #13 had a Physician's orders for Apixaban (anticoagulant medication used to treat and prevent blood clots), Insulin detemir (a long-acting, man-made version of human insulin), and Insulin aspart (a rapid-acting insulin).</p> <p>2. A review of the Order Summary indicated the facility admitted Resident #15 with diagnoses that included essential hypertension, anxiety disorder, and pain.</p> <p>A. The Signification Change MDS with an ARD of 04/25/2024 revealed Resident #15 had a BIMS score of 2 which indicated the resident had severe cognitive impairment. This MDS indicated that Resident #15 was taking an antianxiety medication, diuretic, and opioid medication.</p> <p>B. A review of Resident #15's Care Plan on 05/16/2024 at 09:56 AM revealed that this resident's care plan did not address antianxiety medication, opioid, or diuretic usage.</p> <p>C. A review of Resident #15's Order Summary revealed Resident #15 had Physician's orders for furosemide (a diuretic), lorazepam (a sedative used to treat anxiety), and morphine (a narcotic used to treat severe pain).</p> <p>3. The 5-day MDS with an ARD of 03/08/2024 revealed Resident #99 had a BIMS score of 11 which indicated the resident had moderate cognitive impairment. This MDS indicated the resident was on oxygen at admission and while a resident.</p> <p>A. A review of Resident #99's Care Plan revealed the resident did not have an initiation of oxygen usage on the care plan.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>B. A review of Order Summary revealed Resident #99 had an order for oxygen as needed for shortness of breath 2-4 liters/minute per nasal cannula.</p> <p>4. During an interview on 05/15/2024 at 11:57 AM, Registered Nurse (RN) #1 confirmed, following a review of Resident #99's electronic medical record, that oxygen was not addressed on the care plan.</p> <p>5. During an interview on 05/15/2024 at 12:18 PM, the Director of Nursing (DON) confirmed that oxygen was not addressed on the care plan following a review of Resident #99's electronic medical record. The DON stated, The care plan coordinator is responsible for updating the resident's care plan once it is reviewed in the start-up meeting.</p> <p>6. During an interview on 05/16/2024 at 12:28 PM, Licensed Practical Nurse (LPN) #3 following review of each resident's electronic medical record confirmed Resident #13 had orders for high-risk medications including insulin and an anticoagulant. Resident #15 had orders for high-risk medications including anti-anxiety, diuretics, and opioids. LPN #3 confirmed that these medications were not identified on the care plan following physician's orders. LPN #3 stated, Medication orders are to be put on the care plan following start-up meeting which is completed daily Monday through Friday. Following the review in start-up the changes are then made to the care plan that day.</p> <p>7. During an interview on 05/16/2024 at 01:02 PM, the DON following review of each resident 's electronic medical record confirmed Resident #13 had orders for high-risk medications including insulin and anticoagulants; and Resident #15 had orders for high-risk medications including antianxiety, diuretics, and opioids. The DON confirmed that these medications were not identified on the care plan following physician's orders. The DON added, Once the medication order is in the electronic medical record, it is to be reviewed during the next start-up meeting and changes made on the care plan. Our process is to make the changes daily because any medication that needs interventions or observations by the healthcare staff should be on the care plan.</p> <p>8. On 05/15/2024 at 02:23 PM, the Director of Nursing stated the facility did not have a policy for care plan initiation for care areas on the care plan.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50505</p> <p>Based on observation, interview, record review, and facility policy review, it was determined that the facility failed to revise the resident care plan to reflect current physician orders for 3 (Resident #13, Resident #15, and Resident #46) of 3 residents reviewed for care plan revision.</p> <p>Findings include:</p> <ol style="list-style-type: none"> A review of a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/23/2024 revealed Resident #13 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. This MDS indicated that Resident #13 is prescribed opioids. A review of Resident #13's Care Plan revised, revealed the resident was on pain medication therapy (Tramadol) the interventions included ask physician to review medication if side effects persist. Dated 01/24/2024. A review of Resident #13's Order Summary revealed Resident #13 had a Physician's order for, Hydrocodone-Acetaminophen Oral Tablet 5-325 milligram, give 1 tablet by mouth every 6 hours as needed for severe pain. <ol style="list-style-type: none"> A review of the Order Summary indicated the facility admitted Resident #15 with diagnoses that included presence of prosthetic heart valve and depression. <ul style="list-style-type: none"> A review of the Signification Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/25/2024, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 2 which indicated the resident was had severe cognitive impairment. This MDS indicated that Resident #15 was taking an antidepressant medication, and anticoagulant medication. A review of Resident #15's Care Plan revealed the resident uses antidepressant medication (escitalopram) related to depression. Interventions included, Administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness Q [every]-Shift. Initiated on 10/03/2023. A review of Resident #15's Care Plan revealed the resident was on anticoagulant therapy (Warfarin) related to Atrial Fibrillation. Interventions included, administer anticoagulant medications as ordered by physician. Monitor for side effects and effectiveness Q-Shift. Initiated on 10/03/2023. A review of an Order Summary revealed Resident #15 had a Physician's order that indicated Resident #15 was to receive Remeron Oral Tablet 15 milligram 1 tablet at bedtime; and Xarelto (a blood thinner) 20 milligram tablet in the evening. A review of the Order Summary Report indicated the facility admitted Resident #46 with a diagnosis of chronic kidney disease stage 4 (severe). An order was found that read, Dialysis M-W-F [Monday, Wednesday, Friday] at [Provider named] dialysis center 11 [11:00] AM chair time. <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A. A review of the Quarterly MDS with an ARD of 03/13/2024 revealed Resident #46 had a BIMS score of 15 which indicated the resident was cognitively intact. Resident #46 was receiving dialysis while a resident.</p> <p>B. A review of Resident #46's Care Plan revealed the resident required hemodialysis related to renal failure. Interventions included, Dialysis port to right chest. If bleeding occurs, apply pressure, if bleeding does not subside call 911, also notify [Different Provider Name then on Physician Orders] Dialysis Center at [Phone number], M-W-F Date Initiated: 01/04/2023. Encourage resident to go for the scheduled dialysis appointments. Resident receives dialysis (M-W-F chair time 1500 [03:00 PM], [Different Provider Name then on Physician Orders] [Phone number] Date Initiated 01/04/2023 .</p> <p>4. During an interview on 05/16/2024 at 12:28 PM, Licensed Practical Nurse (LPN) #3 following review of each resident ' s electronic medical record confirmed Resident #13 had orders for high-risk medications to include opioids, anticoagulants, and antidepressants. LPN #3 confirmed these medications had not been revised on the care plan following physician's orders changes. LPN #3 stated, Medication orders are to be put on the care plan following start-up meeting which is completed daily Monday through Friday. Following the review in start-up the changes are then made to the care plan that day. LPN #3 reviewed Resident #46's electronic medical record and confirmed that the current dialysis order and the dialysis order addressed on the care plan do not match. LPN #3 stated the dialysis order should be reviewed with quarterly care plan meetings and at start-up meeting held Monday through Friday and should be changed with the new physician's order. LPN #3 added, The importance of the care plan being accurate is for good quality of care for the residents.</p> <p>5. During an interview on 05/16/2024 at 01:02 PM, the Director of Nursing (DON) following review of each resident's electronic medical record confirmed Resident #13 had an order for high-risk medication including opioids, antidepressant, and anticoagulants. The DON confirmed that these medications were not revised on the care plan following physician ' s order changes. The DON added, Once the medication order is in the electronic medical record, it is to be reviewed during the next start-up meeting and changes made on the care plan. Our process is to make the changes daily because any medication that needs intervention or observations by the healthcare staff should be on the care plan. The DON was also asked to review Resident #46's electronic medical record concerning dialysis order. The DON confirmed the physician's order, and the care plan did not match. The DON stated, It is important for the physician ' s order and the care plan to match because staff will get confused and call the wrong dialysis center or take the resident to the wrong center.</p> <p>6. On 05/15/2024 at 02:23 PM, the Director of Nursing stated the facility did not have a policy for care plan revision for care areas on the care plan.</p> <p>46723</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49981</p> <p>Based on observation, interview, and record review, the facility failed to provide Activities of Daily Living (ADL's) to maintain good grooming and hygiene for 1 (Resident #49) sampled resident.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Based on Resident #49's Admission Record, the resident had medical diagnoses of Parkinson's disease and muscle wasting and atrophy. 2. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/03/2024 indicated a score of 13 (13-15 cognitively intact) on a Brief Interview for Mental Status (BIMS). <ol style="list-style-type: none"> a. On 05/14/2024 at 8:42 AM, the Surveyor observed Resident #49 to have a brown substance underneath the fingernails. b. On 05/14/2024 at 2:53 PM, the Surveyor observed Resident #49 to have a brown substance underneath the fingernails. c. On 05/15/2024 at 3:01 PM, the Surveyor observed Resident #49 to have a brown substance underneath the fingernails. d. On 05/16/2024 at 9:15 AM, the Surveyor interviewed Certified Nursing Assistant (CNA) #5 and asked who was responsible for cleaning resident fingernails. CNA #5 said the shower aide does on the long halls, and then whoever the CNA is on the short halls does those. The Surveyor asked who cleans resident's fingernails that are diabetic. CNA #5 stated CNA's and shower aides may clean the nails with orange sticks located in the shower rooms, but the nurse has to trim the nails. The Surveyor asked how the nurse was notified when a resident's nails need trimmed. CNA #5 stated the shower aides and CNA's will let the resident's nurse on duty know that the resident's nails need to be trimmed. e. On 05/16/2024 at 9:47 AM, the Surveyor interviewed Licensed Practical Nurse (LPN) #2 and asked who does nail care for residents. LPN #2 stated nurses and CNAs were responsible; shower aides and CNAs will do cleaning and nurses will trim. The Surveyor asked how nurses were made aware that nails need trimmed. LPN #2 stated that the shower aides and CNAs let the nurses know when a resident needs their nails trimmed. f. Review of an Activities of Daily Living (ADLs) policy statement provided by the Administrator revealed, Residents will be provided with care treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. 		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>50505</p> <p>Based on observation, interview, record review, and facility policy review, it was determined that the facility failed to ensure that the physicians order for wound care was following during a scheduled dressing change for 2 (Resident #4 and Resident #32) of 2 residents reviewed for wound care management.</p> <p>Findings include:</p> <p>1. A review of Resident #4's Order Summary Report indicated Resident #4 did not have a medical diagnosis for the wound care received.</p> <p>a. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/11/2024, revealed Resident #4 had a Brief Interview of Mental Status (BIMS) score of 12 which indicated the resident was moderately cognitively impaired. The MDS did not indicate the presence of a current pressure ulcer.</p> <p>b. A review of Resident #4's Care Plan revealed the resident had a pressure ulcer of the left heel related to immobility. Interventions included wound/dressing changes as ordered on Treatment Administration Record (TAR).</p> <p>c. A review of Resident #4's Order Summary Report revealed Resident #4 had an order for L [left] heel ST3 [Stage 3] PU [Pressure Ulcer]: Cleanse with WC [Wound Cleanser]/NS [Normal Saline], pat dry, apply gentamicin to wound bed cut to fit [named brand of dressing] to wound bed, cover with foam, secure into place every day shift every Mon [Monday], Wed [Wednesday], Fri [Friday] for open wound . Order Date 04/16/2024.</p> <p>d. During an observation on 05/15/2024 at 02:54 PM, Licensed Practical Nurse (LPN) #2 cleansed the wound bed as ordered and immediately applied the gentamicin cream and foam dressing. LPN #2 did not pat dry the wound bed as ordered by the physician during the scheduled dressing change.</p> <p>2. A review of Resident #32's Order Summary Report indicated the resident had a diagnosis of pressure ulcer of unspecified part of back, unstageable.</p> <p>a. The signification change MDS with an ARD of 04/19/2024 revealed Resident #32 had a BIMS score of 15 which indicated the resident was cognitively intact. The MDS indicated there was one Stage 3 Pressure Ulcer present.</p> <p>b. A review of Resident #32's Care Plan revealed the resident had a pressure ulcer to the spine. Interventions included to administer treatments as ordered and monitor for effectiveness.</p> <p>c. A review of Resident #32's Order Summary Report revealed the resident had an order for. T-Spine [Thoracic - the middle section of your spine] ST3 PU: Cleanse wound with NS/WC, pat dry, apply calcium alginate to wound bed, cover with foam, secure into place. every day shift every Mon, Wed, Fri .</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 - Some</p>	<p>d. During an observation on 05/15/2024 at 02:37 PM, LPN #2 cleansed the wound bed as ordered and immediately applied calcium alginate dressing to the wound bed. LPN #2 did not pat dry the wound bed as ordered by the physician during the scheduled dressing change.</p> <p>3. During an interview on 05/15/2024 at 03:59 PM, LPN #2 was asked to read Resident #4 and Resident #32 's physician's order for the treatment provided. After reviewing Resident #32's physician's order, LPN #2 confirmed the wound bed was not patted dry as ordered. The Surveyor asked LPN #2 to review Resident #4's treatment order. LPN #2 confirmed the wound bed was not patted dry as ordered. LPN #2 stated, It is very important to follow the physician's order to prevent wound complications and deterioration of the wound.</p> <p>4. During an interview on 05/15/2024 at 04:37 PM, the Surveyor asked the Director of Nursing (DON) to identify and verbalize the most recent physician's order for wound care for Resident #4 and Resident #32. Once completed the Surveyor asked what is the importance of following the physician's order during a wound care treatment? The DON stated, To make sure the wound heals properly.</p> <p>5. A review of a facility policy titled, Wound Care dated October 2010, indicated, .1. Verify that there is a Physician ' s order for this procedure .</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>50505</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to ensure the physicians orders were followed on changing oxygen tubing and humidifier bottle for 1 (Resident #99) of 1 resident reviewed for oxygen usage.</p> <p>Findings include:</p> <p>The 5-Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/08/2024, revealed Resident #99 had a Brief Interview of Mental Status (BIMS) score of 11 which indicated the resident had moderate cognitive impairment. This MDS indicated the resident was on oxygen at admission and while a resident.</p> <p>A review of Resident #99's Care Plan revealed the resident did not have an initiation of oxygen usage on the care plan.</p> <p>A review of the Order Summary revealed Resident #99 had an order for oxygen as needed for shortness of breath 2-4 liters/minute per nasal cannula as needed was ordered on 02/23/2024 and to change and date the O2 (oxygen) tubing and water bottle every week on day shift every 7 days was ordered on 02/23/2024.</p> <p>A review of the Medication Administration Record (MAR) 5/1/2024- 5/31/2024 revealed Resident #99 had an order on the MAR to change and date O2 tubing, and water bottle every week every day shift every 7 days. Order date was 02/23/2024 at 01:15 PM. Per the MAR this order was signed off as completed on 05/05/2024 and 05/12/2024.</p> <p>During an observation on 05/13/2024 at 12:04 PM, Resident #99 was observed lying in bed with oxygen on and nasal cannula in place. The oxygen concentrator was set on 3 liters/minute via nasal cannula, the date on the nasal cannula tubing was 05/05/2024. The humidifier bottle connected to the oxygen concentrator was empty and dated 05/05/2024.</p> <p>During an observation on 05/14/2024 at 02:36 PM, Resident #99 was observed lying in bed with oxygen on and nasal cannula in place. The oxygen concentrator was set on 3 liters/minute. The nasal cannula tubing was dated 05/05/2024. The humidifier bottle connected to the oxygen concentrator was empty and dated 05/05/2024.</p> <p>During a concurrent observation and interview on 05/15/2024 at 12:00 PM, Registered Nurse (RN) #1 entered Resident #99's room with the Surveyors. RN #1 verbalized that the oxygen tubing and humidifier bottle were dated 05/05/2024. RN #1 confirmed the humidifier bottle was empty and the bottle and tubing would need to be changed. RN #1 stated the oxygen setup was changed every 7 days and the humidifier bottles when in place are changed when empty or every 7 days. RN #1 pulled up Resident #99's MAR and confirmed it was signed off as changed but not completed on 05/12/2024.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/15/2024 at 12:18 PM, the Surveyor asked the Director of Nursing (DON) what interventions are put into place when a resident is placed on oxygen? DON stated, Orders to change tubing weekly, sign is placed on door, and oxygen is placed on the care plan. The Surveyor asked what is the reason for changing the oxygen tubing every 7 days? The DON replied to prevent infections. This task is completed by the nurse responsible for the resident. The DON viewed Resident #99's MAR and confirmed that it was marked as completed on 05/12/2024. The Surveyor informed the DON that the tubing and humidifier bottle were dated 05/05/2024 and the bottle was empty.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>50505</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a medication regimen review was completed monthly for 1 (Resident #91) of 1 resident reviewed for unnecessary medication review.</p> <p>Findings include:</p> <p>A review of Resident #91's Order Summary Report indicated the facility admitted Resident #91 on October 13, 2023.</p> <p>A review of Resident #91's electronic medical record on 05/15/2024 at 11:09 AM, indicated there was not a medication regimen review for the month of January 2024.</p> <p>On 05/16/2024, the Director of Nursing (DON) was asked to review Resident #91's electronic medical record and locate a medication regimen review for the month of January 2024 completed by the consultant pharmacist.</p> <p>During an interview on 05/16/2024 at 12:50 PM, the DON stated there was not a medication review completed for Resident #91 during January 2024 by the consultant pharmacist. The Surveyor asked what the importance of a medication regimen review was. The DON replied to make sure that no medication changes need to be fixed to avoid side effects or accidents. The consultant pharmacists are responsible for ensuring they are completed monthly. I should follow up behind the pharmacists to ensure that it was completed for each resident.</p> <p>A review of a facility policy titled, Pharmacy Services- Role of the Consultant Pharmacist, dated April 2007, indicated, The Consultant Pharmacist will provide specific activities related to medication regimen review including: A documented review of the medication regimen of each resident at least monthly, or more frequently under certain conditions, based on applicable federal and state guidelines.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure that meals were prepared and served according to the planned written menu to meet the nutritional needs of the residents for 1 of 1 meal observed. This failed practice had the potential to affect 29 residents who had mechanical soft diets and 9 residents received pureed diet from 1 of 1 kitchen.</p> <p>The findings are:</p> <p>1. The menu for lunch meal documented that all residents were to receive mixed greens. Residents on pureed diets were to receive one #8 scoop (1/2) cup of bread pudding.</p> <p>a. On 05/15/2024 at 12:02 PM, Dietary Employee (DE) #3 used a #8 scoop (1/2 cup) to place 6 servings of bread pudding into the blender and pureed to serve to 10 residents who required pureed diets for lunch. At 01:16 PM, the Surveyor asked DE #3 how many servings of bread pudding she prepared for the residents on pureed diets and what scoop size she used to portion bread pudding into the blender to puree. DE #3 stated, I used #8 scoop, and I did 6 servings. We have 10 residents on pureed diets. I gave pudding to the remaining 4 residents. I don't think we will have enough. The Surveyor asked whether enough food should have been prepared to ensure there were leftovers in case any resident asked for more. DE #3 stated, Yes. I had to throw away some of the dessert because some of the edges were burnt. The oven has not been working well enough. It cooks unevenly.</p> <p>b. On 05/15/2024 at 01:15 PM, all residents were served turnip greens, instead of mixed greens as specified on the menu. At 04:39 PM, the Surveyor asked the Dietary Supervisor the reason turnip greens was prepared and served to the residents, instead of mixed greens. She stated, We only have turnip greens available.</p> <p>c. A facility recipe for mixed greens provided by the Dietary Supervisor on 05/15/2024 at 04:33 PM under ingredients documented, Collard greens chopped and chopped turnip greens.</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>03508</p> <p>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 1 meal observed. This failed practice had the potential to affect 11 residents who receive meal trays in their rooms on the 100 Hall, 8 residents who receive meal trays on the 200 Hall, 13 residents who receive meal trays in their room on the 300 Hall, 5 residents who receive meal trays in their room on 400 Hall, 25 residents who receive meal trays in their room on the 500 Hall, and 6 residents who receive meal trays in their room on the 600 Hall.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 05/15/2024 at 12:17 PM, an unheated food cart that contained 11 trays for lunch was delivered to the 100 Hall by Certified Nursing Assistant (CNA) #2. At 12:39 PM, immediately after the last resident was served in their room on the 100 Hall, the temperature of the food items on the tray used as a test tray was taken and read by CNA #2 with the following results: <ol style="list-style-type: none"> a. Milk - 50 degrees Fahrenheit. b. Regular chicken with gravy - 113.9 degrees Fahrenheit. c. A carton of vanilla ice cream on the tray was melted. The Surveyor asked CNA #2 to describe the appearance of the ice cream. He stated, It is melted. 2. On 05/15/2024 at 12:46 PM, an unheated food cart that contained 18 trays for the 300 and 400 Hall 's lunch was delivered to the 400 Hall by CNA #3. On 05/15/2024 at 01:05 PM, immediately after the last resident was served in their room on the 300 Hall, the temperature of the food items on the tray used as test tray were taken and read by CNA #4 with the following results: <ol style="list-style-type: none"> a. Milk - 57 degrees Fahrenheit. b. Ice cream was melted and was running. The Surveyor asked CNA #4 to describe the appearance of the ice cream. She stated, It is too melted and running.

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>Based on observation and interview, the facility failed to ensure that pureed food items were blended to a smooth, lump free consistency to minimize the risk of choking or other complications for those residents who required pureed diets for 2 of 2 meals observed. The failed practice had the potential to affect 9 residents who received pureed diets.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 05/14/2024 at 04:47 PM, Dietary Employee (DE) #1 placed 11 dinner rolls into a blender, added whole milk and pureed. DE #1 poured the pureed bread into a pan and placed it in the oven. The consistency of the pureed bread was lumpy and not smooth. 2. On 05/14/2024 at 04:59 PM, the following observations were made on the steam table before meal service: <ol style="list-style-type: none"> a. A pan of pureed vegetables. The consistency of the pureed vegetables was not formed and was running. b. A pan of pureed beef steak fingers. The consistency of the meat was lumpy and not smooth. There were pieces of meat visible in the mixture. 3. On 05/14/2024 at 05:34 PM, the Surveyor asked the Dietary Supervisor to describe the consistency of the pureed food items served to the residents on pureed diets. She stated, Pureed beef steak fingers was thick and lumpy. Pureed bread was sticky and had lumps and pureed vegetables was running. 4. On 05/15/2024 at 08:04 AM, the following observations were made during the breakfast meal service: <ol style="list-style-type: none"> a. Pureed sausage was served to the residents on pureed diets. The consistency of the pureed sausage was lumpy and not smooth. There were pieces of sausage visible in the mixture. b. Pureed bread was served to the residents on pureed diets. The consistency of the pureed bread was thick and not smooth. There were lumps in the mixture. 5. On 05/15/2024 at 08:06 AM, the Surveyor asked the Dietary Supervisor to describe the consistency of the pureed food items on the steam table that were served to the residents on pureed diets. She stated, Pureed sausage, you can see pieces of sausage in it. She should have pureed it longer. Pureed bread was sticky and had lumps.

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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>03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure dietary staff washed their hands and changed their gloves before handling food items to prevent the potential for cross contamination for the residents who received meals from 1 of 1 kitchen, the failed practice had the potential to affect 103 residents who received meals from the Kitchen (Total Census: 104).</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 05/14/2024 at 04:50 PM, the following meat items stored on a shelf in the freezer were not covered or sealed: <ol style="list-style-type: none"> a. Box of steak finger patties. b. A box of pork rib patties. 2. On 05/14/2024 at 05:16 PM, there was an opened cup from a restaurant that contained chocolate shake in the freezer with a received date of 05/14/2024, exposing it to air and or potential for cross contamination. 3. On 05/15/2024 at 08:07 AM, DE #2, who was on the tray line assisting with breakfast meal, was observed to pick up condiments and place them on the trays. Without washing his hands, he picked plates and placed them on the trays to be used in portioning food items to be served to the residents for breakfast with his thumb inside the plates. 4. On 05/15/2024 at 08:42 AM, DE # 3 wore gloves on her hands, when she picked up scissors to open bags of bread, contaminating the gloves. Without changing gloves and washing her hands, she used her contaminating gloved hand to remove slices of bread from the bag and place them in a pan to make bread pudding. The Surveyor asked DE #3 what should you have done after touching the dirty objects and before handling clean food items? She stated, I should have changed gloves and washed my hands. 5. On 05/15/2024 at 11:38 AM, DE #4 wore gloves on her hands while opening the refrigerator door and retrieving a container of cheese slices and placed it on the counter. She then took a bag of bread from the bread rack in the storage room, untied the bag and placed it on the counter. Afterward she removed slices of bread from the bag and placed them in a saucepan on the stove. Following that, she placed cheese slices on each slice of bread in the saucepan, making grilled cheese sandwiches to be served to the residents who requested it. The Surveyor asked DE #4 what should you have done touching dirty objects and before handling clean equipment of food items? She stated, I should have removed the gloves and washed my hands. 6. A facility policy titled Employee Cleanliness and Hand Washing Technique indicated dietary department employees are required to wash their hands before beginning shift; after breaks; after disposing of handling of trash or food; after handling dirty dishes; after picking up anything from the floor, and any other time deemed necessary.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50505</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure proper hand hygiene was performed before and during wound care to maintain aseptic technique throughout wound care, ensure no cross contamination of Personal Protective Equipment (PPE) and during wound bed cleansing for 2 (Resident #4 and Resident #32) of 2 residents reviewed for wound care.</p> <p>Findings include:</p> <p>1. A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/11/2024 revealed Resident #4 had a Brief Interview of Mental Status (BIMS) score of 12 which indicated the resident was moderately cognitively impaired.</p> <p>a. A review of Resident #4's Care Plan revealed the resident had a pressure ulcer of the left heel related to immobility. Interventions included wound/dressing changes as ordered on the on Treatment Administration Record (TAR).</p> <p>b. A review of Resident #4's Order Summary Report revealed Resident #4 had an order for a left heel stage 3 pressure ulcer to be cleaned and dressed every Monday, Wednesday, and Friday.</p> <p>c. During an observation on 05/15/2024 at 02:42 PM, Licensed Practical Nurse (LPN) #2 began performing wound care by donning gloves without performing hand sanitation. LPN #2 performed multiple glove changes while preparing for the procedure without performing hand sanitation.</p> <p>2. A review of Resident #32's Order Summary Report revealed the resident had a diagnosis of pressure ulcer of unspecified part of back, unstageable.</p> <p>a. Review of the Signification Change MDS with an ARD of 04/19/2024 revealed Resident #32 had a BIMS score of 15, which indicated the resident was cognitively intact. This MDS indicated the resident had a stage 3 pressure ulcer present.</p> <p>b. Review of Resident #32's Care Plan revealed the resident had a pressure ulcer to spine. Interventions included administering treatments as ordered and monitoring for effectiveness.</p> <p>c. Review of Resident #32's Order Summary Report revealed the resident had an order for, T-Spine [Thoracic - the middle section of your spine] ST3 [stage 3] PU [pressure ulcer]: Cleanse wound with NS [Normal Saline]/WC [Wound Cleanser], pat dry, apply calcium alginate to wound bed, cover with foam, secure into place. every day shift every Mon [Monday], Wed [Wednesday], Fri [Friday] .</p> <p>d. During an observation on 05/15/2024 at 02:32 PM, LPN #2 met the Surveyors at Resident #32's room where the treatment cart was located outside of the resident's room. LPN #2 immediately applied gloves without performing hand sanitation. LPN #2 removed an individually wrapped germicidal disposable wipe from the cart and removed a pair of scissors from her right pants pocket and wiped the scissors for approximately 4 seconds and then placed the scissors on top of the blue barrier pad for approximately 30 seconds.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. During an interview on 05/15/2024 at 03:59 PM, LPN #2 was asked when preparing for a dressing change, when should you cleanse your hands? LPN #2 responded, hands should be cleansed before and after a glove change, washed with soap after every third alcohol-based hand gel use, or should be cleansed when visibly soiled. The Surveyor asked what are some examples of when gloves become contaminated during wound care preparation and/or a wound care dressing change? LPN #2 responded, examples of glove contamination prior to a dressing change is touching your face, clothes, trash, or medications/creams. Examples of glove contamination during a dressing change include when gloves are visibly soiled, contact with secretions, bowel, bodily fluids, or if you touch your face. LPN #2 confirmed that when gloves become contaminated, they should be removed, and new gloves applied. LPN #2 also confirmed that germicidal disposable wipes were used to cleanse the scissors prior to use and that they were in contact with the wipes for approximately 30 seconds but not a full minute. LPN #2 confirmed by review of the germicidal wipes that there should have been a wet contact time of 2 minutes then air dried prior to use. LPN #2 also confirmed that she did not wear gloves when setting up the biohazard bag and that hand hygiene was not completed immediately after and prior to donning gown. LPN #2 stated that enhanced barrier precautions are in place per the new guidelines to prevent any transmission of bacteria from 1 resident to another off the healthcare provider's uniform. The Surveyor asked what certificates or training/in-services have you received since becoming the treatment nurse? LPN #2 replied she is not certified, but has taken some continuing education courses and has had no in-services since taking the position in January of 2024.</p> <p>f. During an interview on 05/15/2024 at 04:37 PM, the Director of Nursing (DON) was asked when preparing for a dressing change when should you cleanse your hands? The DON responded, before procedure and opening wound care packages. The Surveyor asked what are some examples of when gloves become contaminated during wound care prep and/or a wound care dressing change? The DON responded, examples of glove contamination prior to a dressing change are touching anything not part of the dressing. Examples of glove contamination during a dressing change include when a dressing is removed, and touching any other part of the resident that does not include the wound area. The DON confirmed that when gloves become contaminated, they should be removed, and new gloves applied. The Surveyor asked what is the facility process for using the individually wrapped disposable germicidal wipes? The DON replied, clean the equipment for 30 seconds and let air dry on a clean surface for 5 minutes then ready to use. The DON confirmed by review of the germicidal wipes that there should be a wet contact time of 2 minutes then air dried prior to use. The DON stated that enhanced barrier precautions are in place to prevent contaminants from the healthcare provider's uniform from getting in the wound. The Surveyor asked what certificates or training/in-services has the treatment nurse received? The DON replied, I have not conducted any in-services on wound care, and I have been here a year.</p> <p>g. A review of a facility policy titled, Policies and Practices- Infection Control dated October 2018 indicated, . Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. Establish guidelines for implementing isolation precautions, including standard and transmission-based precautions . All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>h. A review of a facility policy titled, Enhanced Barrier Precautions dated August 2022 indicated, .Enhanced Barrier Precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. A. gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room) . h. wound care, any skin opening requiring a dressing, but this does not include protective coverings such as transparent covering, band aids, or [brand of wound closure device] used to keep skin flaps in place .</p> <p>i. A review of the use information provided by the Administrator titled, [Brand Name] Germicidal Disposable Wipe indicated, To disinfect and deodorize . unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. Let air dry .</p>		