

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	

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 - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47916</p> <p>Based on observation, interview and record review, the facility failed to ensure staff were sitting face to face with residents during meal service to promote dignity for 1 (Resident #41) of 3 sampled residents requiring feeding assistance during dining. The findings are:</p> <p>a. On 04/09/2024 at 12:33 PM, Certified Nursing Assistant (CNA) #3 was observed standing above Resident #41 feeding resident mixed vegetables. CNA #3 remained standing throughout the meal service.</p> <p>b. On 04/09/2024 at 12:48 PM, CNA #3 was asked what procedure staff was expected to follow when providing feeding assistance to residents. CNA #3 reported normally sitting at eye level, but there is a missing table and chairs today that resulted in him standing. The Surveyor observed an empty chair with a cellphone resting in it on the rear, left side of the resident, and an empty chair resting against the wall across the room.</p> <p>c. On 04/09/2024 at 03:00 PM, the Administrator provided Your Rights and Responsibilities (Revision 08/2020) documenting, .Rights and Responsibilities Across All Programs 1. You have the right to be treated courteously and with respect .</p> <p>d. On 04/12/2024 at 08:30 AM, the Director of Nursing (DON) and the Nurse Consultant were asked the process staff were expected to follow when providing feeding assistance to residents. The Nurse Consultant told the Surveyor that staff should not stand, staff should sit face to face with residents, and feed small bites to residents. The Surveyor asked why staff were expected to be face to face when feeding a resident during meals, and the nurse consultant said, It is dignity. The Nurse Consultant confirmed that the facility does not have a policy on feeding assistance.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>47916</p> <p>Based on observation, interview and record review, the facility failed to protect 1 (Resident #231) sampled resident ' s privacy by leaving medication cards with identifiable resident information facing out towards passersby on an unattended medication cart on the 100 Hall. The findings are:</p> <p>a. On 04/09/2024 at 10:46 PM, the Surveyor observed an unattended medication cart pushed against the left side of the 100 Hall with medication cards facing the hallway. The Surveyor clearly read Resident 231's name, room number, and medication.</p> <p>b. On 04/09/2024 at 10:48 AM, Licensed Practical Nurse (LPN) #3 looked at Resident #231's medication card on the unattended medication cart on the 100 Hall and told the Surveyor that the tops should be ripped off of empty medication cards and the cards should not be left visible to others. LPN #3 confirmed this was a Health Insurance Portability and Accountability Act (HIPAA) violation.</p> <p>c. On 04/09/2024 at 03:00 PM, the Administrator provided a form titled, Your Rights and Responsibilities (Revision 08/2020) documenting, .Rights and Responsibilities Across All Programs 1. You have the right to be treated courteously and with respect . Resident Rights from the admission packet did not address privacy concerns.</p> <p>d. On 04/11/2024 at 11:38 AM, while interviewing the Director of Nursing (DON) and the Nurse Consultant the Surveyor asked if standing medication cards up on the med cart with a residents name, room number, and medication clearly visible to passersby was appropriate, and part of the facilities policy. The DON confirmed that it is not appropriate to leave patient information visible to others because it is a HIPAA violation. The Surveyor was told its addressed in Resident Rights from the admission packet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 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>42965</p> <p>Based on observation, interview and record review, the facility failed to develop care plans to address a resident receiving antibiotics for prevention of recurring urinary tract infections for 1 (Resident #34) sampled resident, a resident was receiving anticoagulants for 1 (Resident #22) sampled resident, and a resident was receiving insulin for 1 (Resident #68) sampled resident to ensure appropriate coordination of care. This failed practice had the potential to affect 3 residents that were receiving antibiotics for prevention of recurring urinary tract infections, 27 residents that were receiving anticoagulant medication and 10 residents that received insulin.</p> <p>The findings are:</p> <p>1. Resident #34 had diagnoses of Non-Alzheimer's dementia and Urinary tract infection. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/10/2023 documented that the resident scored 9 (8-12 indicates moderately cognitive impaired) on a Brief Interview for Mental Status (BIMS).</p> <p>a. On 04/11/2024 at 03:15 PM, the Surveyor reviewed the Care Plan with an initiation date of 12/08/2023 and it did not address that Resident #34 was receiving antibiotics for recurrent urinary tract infections.</p> <p>b. A Physicians Order dated 02/13/2024 documented, .Nitrofurantoin Macrocrystal Oral Capsule 100 MG [milligrams] .Give 1 capsule by mouth one time a day for UTI (Urinary Tract Infection) prophylaxis (Prevention) . for 3 Months . (Nitrofurantoin is an antibiotic that can treat and prevent urinary tract infections.)</p> <p>c. On 04/12/2024 at 09:25 AM, the Surveyor asked the MDS Coordinator if Resident #34 currently takes antibiotics for the prevention of recurring urinary tract infections. The MDS Coordinator looked in the electronic record and stated, Yes. The Surveyor asked if Resident #34's care plan address the use of antibiotics for the prevention of recurring urinary tract infections. The MDS Coordinator looked in the electronic record and stated, No. It does not. The Surveyor asked should Resident #34's care plan address the use of antibiotics for the prevention of recurring urinary tract infections? The MDS Coordinator stated, Absolutely, it should. The Surveyor asked why is it important that the residents care plan addresses the use of antibiotics to prevent reoccurring urinary tract infections? The MDS Coordinator stated, It is important so that we know that is a baseline thing for her. We can monitor for any side effects. Anyone can look at the care plan and that information is a good thing to have in place. I have gone ahead and added the antibiotic use to the care plan.</p> <p>2. Resident # 22 had diagnoses of Non-Alzheimer's dementia and Other orthopedic after care. The Quarterly MDS with an ARD of 03/03/2024 documented that the resident scored 9 (8-12 indicates moderate cognitive impairment) on a BIMS and received an anticoagulant medication.</p> <p>a. On 04/10/2024 at 01:30 PM, the Surveyor reviewed Resident #22's Care Plan with a revision date of 04/03/2024 and it did not address the residents use of anti-coagulant medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. A Physicians Order dated 01/03/2024 documented, .Eliquis Oral Tablet 2.5 MG [milligrams] (Apixaban) Give 1 tablet by mouth two times a day related to Encounter for other orthopedic aftercare . (Eliquis is an anticoagulant medication used to treat and prevent blood clots and to prevent stroke.)</p> <p>c. On 04/12/2024 at 09:30 AM, the Surveyor asked the MDS Coordinator, if Resident #22 takes an anticoagulant medication. The MDS Coordinator looked in the electronic record and stated, It looks like [the resident] does, and it was started on 01/04/2024. The Surveyor asked if Resident #22's care plan addressed that the resident takes an anticoagulant medication. The MDS Coordinator looked in the electronic record and stated, I'm not seeing it. The Surveyor asked should Resident #22's care plan address that the resident takes an anticoagulant medication? The MDS Coordinator stated, Absolutely. The Surveyor asked the MDS Coordinator why is it important that the residents care plan addresses that they are receiving an anticoagulant medication? The MDS Coordinator stated, If the resident falls, the resident could bleed. That is pretty important and something you would want to know about the resident. I am going to add it to the care plan right now.</p> <p>47916</p> <p>3. A review of Resident #68's Physicians Order dated 01/15/2024 documented Resident #68 was to receive 15 units of a long acting insulin at bedtime related to type 2 diabetes mellitus.</p> <p>b. On 04/11/2024 at 10:30 AM, the Surveyor reviewed Resident 68's Care Plan. The care plan did not address insulin. Resident 68's Admission 5-day MDS with an ARD of 01/18/2024 indicated on insulin was received 3 times in the last 7 days and was on a hypoglycemic medication.</p> <p>b. On 04/12/2024 at 09:50 AM, the Surveyor asked the MDS Nurse to check Resident 68's care plan for insulin. The MDS Nurse told the Surveyor insulin was not on the care plan. The Surveyor asked if insulin and diabetes should be care planned. The MDS Nurse told the Surveyor that insulin and diabetes should be documented because it is good to know Resident #68 is on insulin, and why Resident #68 is receiving insulin so if there is a sudden change in the resident, we know what to look for, or the interventions that are in place.</p> <p>c. On 04/12/2024 at 11:15 AM, the Assistant Administrator told the Surveyor there is not a policy on care plans. The facility refers to the Resident Assessment Instrument (RAI) manual.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47916</p> <p>Based on observation, interview, and record review, the facility failed to ensure the unlocked public bathroom near a common resident area was equipped with a pull cord on the call light to ensure resident safety and to prevent falls. This failed practice had the potential to affect 9 (Residents #8, #22, #26, #27, #30, #63, #68, #325, #326) of 42 sampled residents who ambulated and/or self-propelled in the facility. The findings are:</p> <p>a. On 04/11/2024 at 09:48 AM, the Surveyor observed an unlocked bathroom on a hallway between the nurse's station area. The call light did not have a pull cord. Across the hall to the right was a large open room with tables that Licensed Practical Nurse (LPN) #1 identified as an area used for rehab dining, group therapy, activity overthrow, family visiting area, and where residents can go for coffee, or water.</p> <p>b. On 04/11/2024 at 09:50 AM, LPN #1 was asked what procedure residents were encouraged to use when there are falls in the bathroom. LPN #1 said that residents should pull the call button cord if they can reach it or call out for help.</p> <p>c. On 04/11/2024 at 09:51 AM, LPN #1 was asked to accompany the Surveyor to the male/female bathroom located between the two nurses' stations. LPN #1 confirmed that residents can and do use the bathroom. The Surveyor asked LPN #1 if residents could reach the call button from the floor. LPN #1 told the Surveyor that if a resident fell, they would not be able to reach the call button located above the grab bar to the right of the toilet, and the pull cord should be there, but there is not one.</p> <p>d. On 04/11/2024 at 11:06 AM, the Surveyor spoke with the Director of Nursing (DON) and the Nurse Consultant and asked what process a resident should use to call staff for help if they fall in their bathroom, or one of the unlocked public bathrooms. The Nurse Consultant confirmed that residents would use their call light, and all bathrooms should have a pull cord, and even if there is no pull cord there does not have to be one. The Surveyor asked if a call button placed above the grab bar can be reached by residents if they are lying on the floor. The Nurse Consultant confirmed that their bathrooms are designed to regulation and code, and the distance from the floor to the call light button is appropriate to code. The Surveyor asked for a call light policy, and the code and regulation used to determine the distance from the bathroom floor, and the call button.</p> <p>e. On 04/11/2024 at 12:04 PM, the Nursing Consultant told the Surveyor they do not have a call light policy, and the Nurse Consultant had miscalculated the distance from the bathroom floor to the call light button. No code or regulation documentation was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 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>47916</p> <p>Based on observation, interview and record review, the facility failed to ensure only licensed nursing staff provided oxygen as ordered by the physician via concentrator, and/or portable oxygen tank to prevent possible respiratory complications for 1 (Resident #45) on who received oxygen with 1 of 1 observation. The findings are:</p> <p>1. On 04/10/2024 at 09:40 AM, Certified Nursing Assistance (CNA) #5 was observed removing Resident #45's nasal cannula and connecting Resident #45 to portable oxygen and placing the nasal cannula from the portable tank on Resident #45's face. The Surveyor asked CNA #5 the protocol for placing a resident on portable oxygen. CNA #5 told the Surveyor that she looked at the concentrator to see how many liters of oxygen Resident #45 is on and turned the portable tank to the same liters of oxygen and swapped out the nasal cannula. The Surveyor asked CNA #5 to confirm that CNA #5 turned the portable tank on to the liters Resident #45 needs and swaps out the cannula. CNA #5 confirmed this and turned on the portable unit to 2 liters and swapped out the nasal cannula. Permission was not given to look in the closet by Resident #45.</p> <p>a. On 04/11/2024 at 10:19 AM, while interviewing Licensed Practical Nurse, (LPN) #1 the Surveyor asked what process CNAs use when they are assisting a resident on an oxygen concentrator and needing to be switched to portable oxygen. LPN #1 confirmed that the CNA will transfer a resident from the bed to a wheelchair and remove the nasal cannula and roll it up and place it in the storage bag located on the concentrator. The CNA would then place the tubing from the portable tank on the resident and turn on the oxygen. The Surveyor asked how the CNA would know how much oxygen to place on the resident. LPN #1 told the Surveyor the CNA would get the dosage off the concentrator, or from the closet care plan.</p> <p>b. The Order Summary (dated, 03/07/2024) for Resident #45 documented, .O2 at 2-3 liters per minute via nasal cannula as needed .</p> <p>c. On 04/11/2024 at 11:34 AM, the Director of Nursing (DON) and the Nurse Consultant were asked what process they expect staff to follow when CNAs are providing care to someone that needs switched from a concentrator to a portable tank. The Nurse Consultant told the Surveyor the CNA would have to get the nurse to help, because oxygen is considered a medication. The Nurse Consultant confirmed that CNAs cannot administer oxygen.</p> <p>d. On 04/11/2024 at 12:40 PM, the Nurse Consultant provided a policy titled Oxygen, Portable and Oxygen Safety that does not address oxygen as a medication and did not identify staff licensed to administer oxygen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 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>47916</p> <p>Based on observation, interview and record review, the facility failed to ensure stock narcotics were counted, and accurately documented when received from the pharmacy to ensure the correct count was on hand and to prevent misappropriation of resident medications and ensure accurate documentation in the narcotic book to prevent the potential for medication errors. This failed practice had the potential to affect 74 residents receiving medications in the facility. The findings are:</p> <p>a. On 04/10/2024 at 01:12 PM, the Surveyor asked what is kept in the refrigerated narcotic box and Licensed Practical Nurse (LPN) #2 confirmed the following stock medications were in the emergency kit.</p> <ol style="list-style-type: none"> <li>1. 5 - Ativan 2mg/ml (milligram/milliliter) oral solution syringes</li> <li>2. 1 - Ativan injectable 2mg/ml vial</li> </ol> <p>b. On 04/10/2024 at 02:02 PM, the Surveyor asked LPN #2 to locate the stock Ativan in the narcotic book. LPN #2 turned to page 7 and confirmed there were 5 syringes of 2mg/ml Ativan oral concentrate. The Surveyor asked LPN #2 to count the 2mg syringes and LPN #2 confirmed there were 5 syringes. The Surveyor asked LPN #2 to confirm the concentration documented on page 7 of the narcotic book. LPN #2 said, Wait a minute . there are 5, 1mg/0.5ml syringes. LPN #2 confirmed that the dosage of the Ativan oral concentration on hand does not match the dosage documented on page 7.</p> <p>c. On 04/10/2024 at 02:11 PM, the Surveyor asked LPN #2 to find Ativan injectable stock in the narcotic book. LPN #2 showed the Surveyor page 6 and said this is wrong, because it says Ativan 0.5mg is available. I used the Ativan on 04/03/2024 and it shows 0.5mg was wasted on 4/4/2024 and there should not be any Ativan available. There is 1 Ativan injectable vial in the emergency kit. LPN #2 said, When the pharmacy brought the refill on 04/04/2024, it was not documented in the narcotic book. The Surveyor asked if the Ativan should have been documented within the last 6 days, the procedure for documenting medication sent to the facility, and who would be responsible for documenting the medication. LPN #2 told the Surveyor that when a narcotic is brought in by the pharmacy, nursing is responsible for documenting it in the narcotic book when it arrives. The Surveyor asked if the consolidated delivery sheets are supposed to be signed by the receiving nurse, and LPN #2 confirmed that the receiving nurse should sign the delivery sheet, so they know who the medications were given too. LPN #2 told the Surveyor that LPN #2 looked at the emergency kit count this morning but did not correct it.</p> <p>d. On 04/10/2024 at 03:04 PM, LPN #2 provided the consolidated delivery sheet dated 04/04/2024 showing the available Ativan was delivered at 22:10 (10:10) PM. LPN #2 told the Surveyor that she spoke to the Director of Nursing (DON) and documented the 1 available Ativan injectable on hand and used today's date, 04/10/2024, even though it was received on 04/04/2024 so that the count is now correct on page 7 of the narcotic book.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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)		
F 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	e. On 04/11/2024 at 10:25 AM, the Surveyor asked the DON, and the Nurse Consultant why it was important for staff to document medications, or narcotics in a timely, and accurate manner when narcotics are sent to the facility by the pharmacy. The DON told the Surveyor to prevent diversion, and to make sure medications are being counted. The Nurse Consultant said to make sure they knew what they had in the building. The Nurse Consultant confirmed nursing is responsible for counting narcotics each shift. The Nurse Consultant told the Surveyor there is not a medication storage policy.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>48630</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure the medication error rate was less than 5%. Physician orders were not followed for 2 (Resident #67 and #229) of 3 residents reviewed for Medication Administration. Medications were observed with 2 errors in 34 opportunities, resulting in a medication error rate of 5.88%.</p> <p>The findings include:</p> <p>A review of a facility policy titled, Medications, Nose Drops, Instillation of, dated 11/22/2016, indicated, Instill medication in the amount ordered.</p> <p>A review of Medication Administration Record, revealed Resident #229 had an order for Calcium plus Vitamin D3 500-15 mg-mcg (milligram-microgram). Give one tablet by mouth one time a day.</p> <p>A review of the Medication Administration Record, revealed Resident #67 had an order for Fluticasone Propionate Nasal Suspension 50 mcg/act (microgram/action). One Spray in each nostril two times a day.</p> <p>During an observation on 04/11/2024 at 08:09 AM, Licensed Practical Nurse (LPN) #1 administered Calcium with Vitamin D 600 mg 10 mcg, 1 tablet by mouth.</p> <p>During an observation on 04/11/2024 at 08:32 AM, LPN #1 administered Fluticasone Propionate Nasal Suspension 50 mcg/act. 2 sprays in each nostril.</p> <p>During an interview on 04/11/2024 at 02:55 PM, LPN #1 confirmed that on Resident #67 and #229 the wrong dosage of medication was administered. Also, LPN #1 stated that there should have been a new order from the physician since the ordered dose was not available in the building.</p> <p>During an interview on 04/11/2024 at 03:06 PM, the Director of Nursing confirmed that LPN #1 gave incorrect dosages of medications and stated that we have to follow physicians orders for resident safety.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47916</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were not stored at the bedside for residents without self-administration rights approved by the Interdisciplinary team. This failed practice had the potential to affect 3 (Residents #22, #26, #68) sampled residents and 23 residents that ambulate and/or self-propel on 100 and 200 Halls. The facility failed to ensure licensed staff remained at the bedside during updrafts to ensure residents received the complete dose affecting 1 (Resident #226) of 3 sampled on 100 Hall getting updrafts. The facility failed to ensure refrigerated narcotics were stored in a permanently affixed storage box to ensure no misappropriation of resident medications affecting all 74 residents in the facility. The findings are:</p> <p>1.a. The order summary for Resident #226 (dated, 04/03/2024) documented, .Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (microgram/action) (Albuterol Sulfate) 2 puff inhale orally every 6 hours as needed for shortness of breath related to SHORTNESS OF BREATH .</p> <p>b. A Physician Order for Resident #226 (dated, 04/03/2024) documented, .Levalbuterol HCl Inhalation Nebulization Solution 1.25 MG/3ML (Levalbuterol HCl) 1 vial inhale orally via nebulizer one time a day related to shortness of breath and 1 vial inhale orally via nebulizer every 6 hours as needed for shortness of breath related to shortness of breath.</p> <p>c. On 04/09/2024 at 10:42 AM, while rounding the Surveyor observed Resident #226's room, albuterol sulfate inhalation aerosol 200 metered inhaler resting on the bedside table to the right side of the bed.</p> <p>d. On 04/09/2024 at 11:32 AM, Resident #226 opened the top drawer of the bedside table and remarked that the inhaler was gone now. It was in here. Resident #226 told the Surveyor the resident did not know if the Albuterol inhaler was theirs from home, or if it was given to the resident at the facility. Resident #226 confirmed using the inhaler since admission about a week ago and the inhaler had been in the top drawer of the resident's bedside table, and sometimes on top of the table after the resident used the inhaler.</p> <p>e. On 04/09/2024 at 11:35 AM, Licensed Practical Nurse (LPN) #3 confirmed that she found an albuterol inhaler on the bedside table and removed it from the room. LPN #3 said Resident #226 was new and she thought the family might have brought medication to the facility. While interviewing LPN #3 the LPN told the Surveyor it was unknown if Resident #226 had self-administration rights. The Surveyor asked why residents had to be approved for self-administration and LPN #3 said the reason for not leaving medications at the bedside is forgetfulness. They could forget and take the same medication twice.</p> <p>2.a. On 04/09/2024 at 11:28 AM, the Surveyor observed Resident #226 sitting in a wheelchair on the right side of the bed holding a nebulizer mask over his/her nose and mouth, with visible aerosol vapors. There were no staff or nursing staff present in the room during Resident #226's nebulizer treatment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. On 04/09/2024 at 11:31 AM, Resident #226 complained that the inhaler had been on too long and was bothering the resident. The Surveyor observed the fluid chamber was empty. Resident #226 removed the nebulizer mask and laid it on the bedside table.</p> <p>c. On 04/09/2024 at 11:35 AM, Licensed Practical Nurse (LPN) #3 was asked what the policy is on administering updrafts to residents. LPN #3 said, Normally it takes fifteen to twenty minutes, and I was headed back to check on [Resident #226]. We do blood pressures before and after to check to see how they are doing, and clean and store the mask when the updraft is complete to prevent infection.</p> <p>3.a On 04/10/2024 at 01:12 PM, LPN #2 unlocked a large white refrigerator in the 300/400 Hall medication room and pointed to a purple case that LPN #2 identified as containing the emergency narcotic box. The purple narcotic box was easily picked up and set down on the counter in the medication room. LPN #2 confirmed that the purple narcotic case is removeable but is behind double locks. The Surveyor asked what is kept in the refrigerated emergency kit and LPN #2 confirmed 5 - Ativan oral solution syringes, and 1 - Ativan injectable. LPN #2 pointed out a silver box with a 3 on it and said it is permanently affixed, but empty at this time. The Surveyor asked if there was a reason the Ativan in the purple container did not have to be permanently affixed in the refrigerator and LPN #2 said because it is part of the emergency kit.</p> <p>b. On 04/11/2024 at 10:28 AM, the Nurse Consultant confirmed that medication was not to be left at the bedside without self-administration rights. She stated, I think families occasionally bring in medications without staff knowledge. The Nurse Consultant was asked what procedure staff is expected to follow when administering updrafts and she said that the nurse administering the updraft should stay in the resident's room until the updraft is completed, and the equipment should be cleaned and stored. The Surveyor asked the Director of Nursing (DON), and the Nurse Consultant what procedure was used to protect refrigerated narcotics in the medication room. The DON said that narcotics are behind two locks, and pointed out the door to the medication room, and a lock on the outside of the refrigerator. The Surveyor asked if the purple box labeled #4 with the emergency kit containing oral and injectable Ativan should be permanently affixed in the refrigerator. The Nurse Consultant said that the emergency kit medications do not have to be permanently affixed, and there is a permanently affixed narcotic box in the refrigerator. The Surveyor advised a silver box, labeled #3 was empty, and the emergency kit was in the unlocked purple box that was not permanently affixed. The Surveyor asked for a nursing documentation policy/in-service, and a medication storage policy.</p> <p>c. On 04/11/2024 at 12:04 PM, the Nurse Consultant told the Surveyor that they do not have a medication storage policy. The Nurse Consultant provided a policy titled Medications, Self-Administration of documenting, General Guidelines 1. A resident may be permitted to administer or retain medication in his/her room under the following conditions: a. Assessment and approval by the interdisciplinary team . 8. The charge nurse or staff should counsel the resident on the proper use of medications. Reporting and Documentation . 2. The following information may be documented in the resident's medical record: a. The name and strength of the medication taken by the resident and the route of administration. b. Resident instructed on the proper use of each medicine kept at the bedside for self-administration. c. The signature and title of the person recording the entry.</p> <p>The Nurse Consultant provided a policy titled, Preparation and General Guidelines, documenting, IIA7: Controlled Substances, the policy did not address refrigerated narcotics being kept in a permanently affixed compartment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Nurse Consultant provided a In-service titled, Nursing In-service (August 15, 2023), the documentation did not apply to medication storage. The Nurse Consultant said they do more one on one interventions than In-Services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 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>42965</p> <p>Based on observation, interview and record review, the facility failed to ensure meals were served in a method that maintained the appearance of cold products 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 15 residents who received meal trays in their rooms on the 100 Hall, 25 residents who received meal trays on the 200 Hall, 17 residents who received meal trays in their room on the 300 Hall, and 17 residents who received meal trays on the 400 Hall.</p> <p>The findings are:</p> <p>1. On 04/11/2024 at 07:39 AM, an unheated food cart that contained 25 trays for breakfast was delivered to the 200 Hall by Certified Nursing Assistant (CNA) #1. At 07:52 AM, immediately after the last resident was served in their room on the 200 Hall, the temperature of the food items on the tray used as a test tray were taken and read by the Dietary Supervisor with the following results.</p> <p>a. Ground sausage with gravy - 116 degrees Fahrenheit.</p> <p>b. Scrambled eggs - 109 degrees Fahrenheit.</p> <p>c. Sausage - 105.7 degrees Fahrenheit.</p> <p>2. On 04/11/2024 at 07:45 AM, an unheated food cart that contained 17 trays for breakfast was delivered to the 400 Hall by the CNA #2. At 08:00 AM, immediately after the last resident was served in their room on the 200 Hall, the temperature of the food items on the tray used as a test tray were taken and read by the Dietary Supervisor with the following results:</p> <p>a. Scrambled eggs - 113 degrees Fahrenheit.</p> <p>b. Sausage - 109 degrees Fahrenheit.</p> <p>3. On 04/11/2024 at 07:48 AM, an unheated food cart that contained 15 trays for breakfast was delivered to the 100 Hall by the CNA #3. At 08:10 AM, 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 were taken and read by the Dietary Supervisor with the following results:</p> <p>a. Scrambled eggs - 105.6 degrees Fahrenheit.</p> <p>b. Sausage - 108 degrees Fahrenheit.</p> <p>4. On 04/11/2024 at 07:58 AM, an unheated food cart that contained 17 trays for breakfast was delivered to the 300 Hall by the CNA #3. At 08:14 AM, 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 a test tray were taken and read by the Dietary Supervisor with the following results:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Scrambled eggs - 111 degrees Fahrenheit.</p> <p>b. Sausage - 108.2 degrees Fahrenheit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 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>42965</p> <p>Based on observation, interview and policy review, the facility failed to ensure food items stored in the freezer were covered, sealed, and dated to minimize the potential for food borne illness for residents who received meals from 1 of 1 kitchen, manufacturer specification was followed to prevent the potential for borne illness for residents who received meals from 1 of 1 kitchen, and dietary staff washed their hands before handling clean equipment or food items to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen; These failed practices had the potential to affect 73 residents who received. meals from the kitchen, (total census:74).</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 04/10/2024 at 11:10 AM, the following food items on a shelf in the walk-in freezer did not have an open date on them: <ol style="list-style-type: none"> <li>a. An opened box of biscuits.</li> <li>b. An opened box of cheese omelet.</li> <li>c. An opened box of chocolate chip cookies.</li> <li>d. An opened box of bread sticks. The box was not covered or sealed.</li> <li>e. An opened box of chicken and cheese tortillas filling.</li> <li>f. An opened box of breaded beef.</li> <li>g. An opened box of bean burritos.</li> <li>h. An opened box of hamburger patties.</li> <li>i. An opened box of beef steak. The box was not covered or sealed.</li> <li>j. An opened box of beef fritters.</li> </ol> </li> <li>2. On 04/10/2024 at 11:22 AM, an opened gallon of soy sauce was on a rack in the kitchen. The manufacturer ' s specification on the gallon documented, Refrigerate after opening.</li> <li>3. On 04/10/2024 at 12:04 PM, Dietary Employee (DE) #1, who was on the tray line assisting with the noon meal, picked up tray cards and placed them on the steam table shelf. Without washing his hands, he picked plates with his fingers touching inside the plates to be used in portioning food items to be served to the residents at the noon meal. The Surveyor asked DE #1 what should have been done after touching dirty objects and before handling clean equipment? DE #1 stated, I should have washed my hands.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Hamilton Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Pittman Road Hot Springs, AR 71913	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. On 04/10/2024 at 04:05 PM, Dietary Employee (DE) #1 pulled his pant up, then pulled two carts that had cans of soft drinks, pitchers that contained beverages, and empty containers towards the ice machine. He removed a glove from the glove box and placed it on his hand, contaminating the glove. He picked up a scoop from the scoop holder and used it to scoop ice from the ice machine and emptied it into the containers with his thumb touching the ice. The Surveyor asked DE #1, What should have been done after touching dirty objects and before handling clean equipment? DE #1 stated, I should have washed my hands.</p>		