

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER STELLA MANOR NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 NORTH VANCOUVER AVENUE RUSSELLVILLE, AR 72801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0635 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure Physician's Orders for the resident's Immediate Plan of Care at the time of admission or readmission contained orders for [MEDICAL TREATMENT] and isolation / quarantine for the prevention of potential transmission of COVID-19 for 2 (Residents #3 and #4) of 5 (Residents #1, #2, #3, #4, and #5) case mix residents who were admitted since 5/28/2020. This failed practice had the potential to affect 1 (Resident #3) who required [MEDICAL TREATMENT] services, and 18 residents who were admitted since 5/28/2020, according to a list provided by the Administrator on 6/22/2020 at 2:42 p.m. The findings are: 1. Resident #3 had [DIAGNOSES REDACTED]. The Significant Change of Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/10/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS) and required [MEDICAL TREATMENT]. a. A Physician's Order dated 6/22/2020 documented, .Monitor Tunneled [MEDICAL TREATMENT] Catheter Dressing . Report Abnormal Findings to ([MEDICAL TREATMENT] Center) at (Telephone Number) . every shift related to Dependence on [MEDICAL TREATMENT] . The Physician's Order Listing dated June 2020 contained no documentation related to isolation precautions. b. On 6/22/2020 at 11:59 a.m., a Contact / Droplet Isolation sign was on the door of the resident's room, and an isolation supply container was outside of the resident's room. The resident was sitting on his bed watching television. 2. Resident #4 had [DIAGNOSES REDACTED]. The Admission MDS with an ARD of 6/17/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a BIMS, and currently used tobacco. a. As of 6/22/2020 at 3:25 p.m., the Physician's Orders Listing dated June 2020 contained no documentation related to isolation. b. On 6/22/2020 at 11:45 a.m., was lying in bed. A Contact / Droplet isolation sign was on the resident's room door and an isolation supply container was outside of the resident's room. The resident was admitted from an acute care setting on 6/10/2020. 3. On 6/22/2020 at 3:53 p.m., the Director of Nursing (DON) was notified via telephone and was asked about the resident's [MEDICAL TREATMENT] orders. She stated, We normally don't have orders. They are on the hospital Discharge Orders. 4. On 6/23/2020 at 8:37 a.m., the DON was notified via telephone and was asked, Should a resident in Contact / Droplet Isolation have a Physician's Order for isolation? She stated, Yes. I'm assuming we are missing some.		
F 0655 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the Baseline Care Plan at the time of admission addressed interventions for isolation / quarantine for 4 (Residents #1, #2, #4, and #5) of 5 (Residents #1, #2, #3, #4, and #5) case mix residents who were admitted since 5/28/2020 to prevent the potential transmission of COVID-19, and failed to ensure the Care Plan contained interventions for preventive measures related to smoking during the COVID-19 pandemic for 1 (Resident #4) of 1 case mix resident who currently used tobacco. This failed practice had the potential to affect 18 residents who were admitted since 5/28/2020, according to a list provided by the Administrator on 6/22/2020 at 2:42 p.m. The findings are: 1. Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date of 6/3/2020 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS); was totally dependent with transfer and locomotion on and off the unit; required extensive assistance with bed mobility, dressing, toilet use, personal hygiene, and bathing; and required limited assistance with eating. a. The Baseline Care Plan dated 5/28/2020 contained no documentation related to COVID-19 and isolation precautions. b. On 6/22/2020 at 11:40 a.m., the resident was sitting on the bed and was talking on the telephone. A Contact / Droplet Isolation sign was on the resident's room door and an isolation supply container was outside of the resident's room. 2. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Entry MDS with an ARD of 6/28/2020 was completed and the Admission MDS was in progress. a. The Care Plan dated 6/18/2020 contained no documentation related to COVID-19 precautions. b. On 6/22/2020 at 11:43 a.m., the resident was lying in bed. A Contact / Droplet Isolation sign was on the door of the resident's room and an isolation supply container was outside of the resident's room. 3. Resident #4 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS) and currently used tobacco. a. The Care Plan dated 6/11/2020 contained no documentation related to COVID-19 Risk or isolation / quarantine precautions. The Care Plan for smoking contained no documentation related to preventative steps taken regarding COVID-19 during smoking times for the resident. b. On 6/22/2020 at 11:45 a.m., the resident was lying in bed. A Contact / Droplet Isolation sign was on the door of the resident's room and an isolation supply container was outside of the door of the room. The resident was admitted from an acute care setting on 6/10/2020. 4. Resident #5 had [DIAGNOSES REDACTED]. The Entry MDS with an ARD of 6/12/2020 documented admission was from an Inpatient Rehabilitation Facility. a. As of 6/22/2020 at 11:30 a.m., the Care Plan dated 6/19/2020 contained no documentation related to the COVID-19 risk or Isolation / Quarantine. b. On 6/22/2020 at 11:47 a.m., the resident was lying in bed with the tube feeding infusing. A Contact / Droplet Isolation sign was on the door of the resident's room and an isolation container was outside of the room.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the Comprehensive Care Plan was completed to ensure the provision of necessary care for residents who required [MEDICAL TREATMENT] to facilitate individualized care and prevent the potential transmission of COVID-19 for 1 (Resident #3) of 1 case mix resident who required [MEDICAL TREATMENT]. This failed practice had the potential to affect 1 resident who required [MEDICAL TREATMENT], according to the list provided by the Administrator on 6/23/2020 at 11:15 a.m. The findings are: 1. Resident #3 had [DIAGNOSES REDACTED]. The Significant Change of Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/10/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status and required [MEDICAL TREATMENT]. a. The Care Plan with a revised date of 5/13/2020 documented, .Placed on precautionary droplet isolation upon return from hospital . The resident needs [MEDICAL TREATMENT] (hemo ([MEDICAL TREATMENT])) r/t (related to) [MEDICAL		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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<p>F 0656</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>CONDITION] . Intervention . He goes to [MEDICAL TREATMENT] on Tuesday, Thursday, and Saturday . The Care Plan contained no documentation related to [MEDICAL TREATMENT] risks or interventions and did not contain documentation related to the [MEDICAL TREATMENT] Center's name, phone number, where the resident's shunt site was, or interventions for emergency situations related to [MEDICAL TREATMENT]. b. On 6/22/2020 at 11:59 a.m., a Contact / Droplet Isolation sign was on the door of the resident's room and an isolation supply container was outside of the room. The resident was sitting on the bed watching television. c. On 6/22/2020 at 3:53 p.m., the Director of Nursing (DON) was asked, Should the Care Plan document where [MEDICAL TREATMENT] is provided, a contact number, and the risks associated with the shunt? She stated, It's still new in his [MEDICATION NAME]. I'll address the Care Plan.</p>		