

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST ANDREWS HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3501 COLLEGE AVENUE CONWAY, AR 72034</b>	
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 0641  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Ensure each resident receives an accurate assessment.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected falls and smoking to provide accurate information to develop a Care Plan to meet the residents' needs for 1 (Resident #4) of 4 (Residents #1, #2, #3, and #4) sampled residents whose MDS assessments were reviewed. This failed practice had the potential to affect 19 residents who had falls since January 2020, and 18 residents who smoked, according to the lists provided by the Administrator on 4/9/2020 at 1:22 p.m. The findings are: Resident #4 had [DIAGNOSES REDACTED]. a. A Smoking Screen assessment dated [DATE] documented, .Does resident have cognitive loss . Yes . Does resident have any visual deficits . Yes . How many cigarettes does the resident smoke per day . 10 (plus) . What time of day does resident like to smoke . Morning, Afternoon, Evening, Night . (Interdisciplinary Team Determination) . the resident requires supervision (when smoking) . The Plan of Care is used to assure resident is safe while smoking . (was not answered) . b. A Health Status Note dated 1/25/2020 and signed by Registered Nurse (RN) #1 documented, .Without further injury noted r/t (related/to) recent fall at this time. Without c/o (complaint/of) pain / discomfort. Steri-strip (steri-strip) intact to L (left) FA (forearm). Without further incident noted at this time. Neuro (neurological) checks WNL (within normal limits). Will cont.(continue) to monitor . c. A physician's orders [REDACTED].Cleanse skin tear to left elbow with wound cleanser . apply steri-strip (times) 1 one time only for skin tear . d. An Incident Note dated 1/26/2020 (for incident occurring on 1/25/2020) documented, .Late Entry . Note Text . This nurse alerted by staff member that resident had syncopal episode while outside smoking which resulted in resident falling and hitting head. When this nurse arrived, resident is found lying on left side with a jacket placed under his head. Resident AAO (awake, alert, and oriented) (times) 3 (person, place, time) but slow to respond to questions .~ (approximately) 0.2 cm (centimeters) (by) 0.2 cm skin tear noted to LUE (left upper extremity) near elbow. Resident states, 'I passed out.' Resident assessed. AAO (awake, alert, oriented) (times) 3 (person, place, time). Neuro (neurological) checks initiated and WNL (within normal limits). LPN (Licensed Practical Nurse) #1 notified (ambulance service). Dr. (Doctor) notified, new order to send to ER (emergency room ) for eval (evaluation) and treat (treatment) as indicated. Skin tear to L (left) FA (forearm) cleansed with wound cleanser, steri-strip applied. While with resident, Fire Department First Responders arrive and assess resident. Resident then assisted to wc (wheelchair) and brought into facility awaiting (Ambulance Service). Resident with c/o (complaint of) chest pain. (Ambulance Service) arrives at 1004 (10:04 a.m.) and assists resident to stretcher. DON (Director of Nursing) notified, on call RN (Registered Nurse) notified. Attempted to notify family member but no answer. At 1105 (11:05 a.m.) received call from RN at (Hospital name) ER (emergency room ) and gave resident history. Will monitor upon return . e. A Progress Note dated 1/26/2020 at 2241 (11:41 p.m.) documented, .This nurse informed by CNA (Certified Nursing Assistant) #1 and LPN (Licensed Practical Nurse) #2 that resident slid out of wheelchair while outside in smoking area. CNA #1 states resident was leaning forward in wheelchair attempting to extinguish his cigarette when he slid out of wheelchair and onto buttocks. CNA #1 states wheels on wheelchair were not locked and resident did not hit head. Resident states, 'I was trying to put out my cigarette and tripped on my foot.' Resident assessed, without apparent injury noted at this time. VS (vital signs) (blood pressure) 117/75, (temperature) 96.8, (heart rate) 96, (Respirations) 18, (Oxygen Saturation) 98% RA (on room air). MD (Medical Doctor) notified, without new orders at this time. DON (Director of Nursing) notified. Attempted to notify family, without answer. Educated resident on importance and using wheelchair brakes and wheelchair safety . f. On 4/9/2020 at 12:35 p.m., the Registered Nurse (RN) Minimum Data Set (MDS) Coordinator was notified via telephone regarding the accuracy of the MDS, and she was not available. The RN Nurse Consultant was asked, Should the MDS accurately reflect falls? The RN Nurse Consultant stated, Yes, ma'am. She was asked, And should the MDS accurately reflect smoking? She stated, Yes, ma'am.		
F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Care Plan was updated and included post fall interventions to minimize the potential for further falls or injuries; and failed to ensure the Care Plan included monitoring precautions and supervision related to smoking to prevent potential burn injuries for 1 (Resident #4) of 4 (Residents #1, #2, #3, #4) sampled residents who had multiple falls and smoked. This failed practice had the potential to affect 19 residents who had falls since January 2020, and 18 residents who smoked, according to the lists provided by the Administrator on 4/9/2020 at 1:22 p.m. The findings are: Resident #4 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date of 2/2/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; had no falls since admission; response to no injury and injury (related to falls) was blank; and the response to current tobacco use was documented as no. a. A Smoking Screen assessment dated [DATE] documented, .Does resident have cognitive loss . Yes . Does resident have any visual deficits . Yes . How many cigarettes does the resident smoke per day . 10 (plus) . What time of day does resident like to smoke . Morning, Afternoon, Evening, Night . (Interdisciplinary Team Determination) . the resident requires supervision (when smoking) . The Plan of Care is used to assure resident is safe while smoking . (was not answered) . b. A Health Status Note dated 1/25/2020 and signed by Registered Nurse (RN) #1 documented, .Without further injury noted r/t (related/to) recent fall at this time. Without c/o (complaint/of) pain / discomfort. Steri-strip (steri-strip) intact to L (left) FA (forearm). Without further incident noted at this time. Neuro (neurological) checks WNL (within normal limits). Will cont.(continue) to monitor . c. The facility Incident Report Investigation form dated 1/25/2020 documented a Cardiology consult which ultimately resulted in a Holter monitor being placed on the resident. d. An Incident Note dated 1/26/2020 (for incident occurring on 1/25/2020) documented, .Late Entry . Note Text . This nurse alerted by staff member that resident had syncopal episode while outside smoking which resulted in resident falling and hitting head. When this nurse arrived, resident is found lying on left side with a jacket placed under his head. Resident AAO (awake, alert, and oriented) (times) 3 (person, place, time) but slow to respond to questions .~ (approximately) 0.2 cm (centimeters) (by) 0.2 cm skin tear noted to LUE (left upper extremity) near elbow. Resident states, 'I passed out.' Resident assessed. AAO (awake, alert, oriented) (times) 3 (person, place, time). Neuro (neurological) checks initiated and WNL (within normal limits). LPN (Licensed Practical Nurse) #1 notified (ambulance service). Dr. (Doctor) notified, new order to send to ER (emergency room ) for eval (evaluation) and treat (treatment) as indicated. Skin tear to L (left) FA (forearm) cleansed with wound cleanser, steri-strip applied. While with resident, Fire Department First Responders arrive and assess resident. Resident then assisted to wc (wheelchair) and brought into facility awaiting (Ambulance Service). Resident with c/o (complaint of) chest pain. (Ambulance Service) arrives at 1004 (10:04 a.m.) and assists resident to stretcher. DON (Director of Nursing) notified, on call RN (Registered Nurse) notified. Attempted to notify family member but no answer. At 1105 (11:05 a.m.) received call from RN at (Hospital name) ER (emergency room )		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST ANDREWS HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3501 COLLEGE AVENUE CONWAY, AR 72034</b>	
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 0656  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1) and gave resident history. Will monitor upon return . e. A Progress Note dated 1/26/2020 at 2241 (11:41 p.m.) documented, .This nurse informed by CNA (Certified Nursing Assistant) #1 and LPN (Licensed Practical Nurse) #2 that resident slid out of wheelchair while outside in smoking area. CNA #1 states resident was leaning forward in wheelchair attempting to extinguish his cigarette when he slid out of wheelchair and onto buttocks. CNA #1 states wheels on wheelchair were not locked and resident did not hit head. Resident states, 'I was trying to put out my cigarette and tripped on my foot.' Resident assessed, without apparent injury noted at this time. VS (vital signs) (blood pressure) 117/75, (temperature) 96.8, (heart rate) 96, (Respirations) 18, (Oxygen Saturation) 98% RA (on room air). MD (Medical Doctor) notified, without new orders at this time. DON (Director of Nursing) notified. Attempted to notify family, without answer. Educated resident on importance and using wheelchair brakes and wheelchair safety . f. A facility Incident Investigation Report dated 1/26/2020 documented a post fall intervention of, Educate resident to lock wheelchair when not in use . As of 4/9/2020, this intervention was not added to the resident's Care Plan. g. The Care Plan with a revised date of 2/9/2020 documented, .Resident is at risk for falls . Goal . Resident will have no episodes of falls . Interventions . Encourage resident to ask for assistance when attempting to transfer . Keep call light in reach . Provide a clutter free environment . Provide a well-lit environment . Provide appropriate footwear . The Care Plan contained no documentation related to smoking. h. A Incident Investigation Report dated 2/28/2020 documented a post fall intervention of, . Lock bed to prevent reoccurrence . As of 4/9/2020, this intervention was not added to the resident's Care Plan. i. A physician's orders [REDACTED].Check heart monitor and patch for placement q (every) shift and replace if needed . Instructions are in a box in (the) med (medication) room . j. A physician's orders [REDACTED]. k. A physician's orders [REDACTED]. Instructions are in box in med room. Replace patch for heart monitor q (every) 5 days. Check battery on cell phone heart monitor q shift . l. A Health Status Note dated 3/13/2020 (for 3/12/2020) at 9:35 a.m. documented, .Resident was informed of Holter monitor placement and instructions regarding Holter. He is to notify nurse if he has any problems or questions regarding Holter monitor . The Holter monitor was not added to the Care Plan as an intervention after the resident's fall with injury. m. On 4/9/2020 at 9:56 a.m., the Director of Nursing was asked, Why is (Resident #4) wearing a Holter monitor? She stated, He went to the Cardiologist after a couple of syncopal episodes. One involved his fall on 1/25/2020. n. On 4/9/2020 at 9:58 a.m., Licensed Practical Nurse (LPN) #4 was asked, Why does (Resident #4) wear a Holter monitor? She stated, It's a 30-day thing due to an irregular heart rate. She was asked, Do you know what caused the [MEDICAL CONDITION] episode in January (2020)? She stated, That may be why he's wearing the Holter. She was asked, Has it happened since? She stated, Not to my knowledge. o. On 4/9/2020 at 11:56 a.m., Certified Nursing Assistant (CNA) #2 was asked, How do you know what assistance is needed for safe-smoking? She stated, Residents are not allowed lighters and cigarettes. She was asked, How do you know what interventions to have in place to prevent falls? She stated, A gait belt. p. On 4/9/2020 at 12:01 p.m., CNA #3 was asked, How do you know what assistance is needed for safe-smoking? She stated, There's a list of protectors and no lighters. She was asked, How do you know what interventions to have in place to prevent falls? She stated, Gait belts and it's on the Care Plan. q. On 4/9/2020 at 12:25 p.m., the Registered Nurse (RN) Minimum Data Set (MDS) Coordinator was notified via telephone regarding Resident #4's Care Plan and was unavailable. The RN Nurse Consultant was asked, Should post fall interventions be Care Planned? She stated, Yes, ma'am. She was asked, Should smoking be Care Planned? She stated, Yes, ma'am.</p>		