

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER LAKE SIDE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 1207 WILLOW RUN ROAD LAKE CITY, AR 72437	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 024) was substantiated, all or part, with the following: Based on record review and interview the facility failed to ensure the residents hair was regularly brushed and shampooed to ensure good personal hygiene for 1 Resident #2 case mix resident who required assistance with bathing. This failed practice had the potential affect 69 residents required assistance with bathing according to the Resident Census and Conditions of Residents form provided by the Administrator on 8/4/2020. The findings are: Resident #2 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with Assessment</p> <p>Reference Date of 6/21/2020 documented the resident scored 8 (8-12 indicates moderately impaired) on a Brief Interview Mental Status (BIMS); required extensive assistance of 2 or more staff members for bed mobility, transfers, and toilet use; and required extensive assistance from 1 staff member for dressing, eating, and personal hygiene. a. The updated Care Plan documented, .PERSONAL HYGIENE: The resident requires extensive assistance by 1 staff with personal hygiene and oral care . b. The hospital admission assessment dated [DATE] is documented, .Pt (patient) taken to the shower and helmet removed. Pt's hair is in a bun and is matted together. There is dark brown blood mixed in with the hair. Staff had to remove the rubber band with scissors. Staff is attempting to wash hair at this time .staff was unable to get the old blood or matt out of her hair. Staff to call daughter to see how we should proceed .staff notified daughter, of the condition of her mother's hair.</p> <p>We explained that the hair was matted together, and we could not brush it out. The daughter said that we could cut the matt out of her hair . CNA was giving patient shower and discovers hair was matted. Aide reports having to cut rubber band out of hair and APRN to witness. Patient has a wad of hair matted together with old, dried blood. Spoke with daughter to obtain consent to cut matted hair and daughter asked APRN to take pictures and email to her. Pictures obtained email, and printed for patient's chart . c. On 8/4/2020 at 10:40 a.m., the Assistant Director of Nursing (ADON) provided a shower listing that documented 3 bed baths, one refused shower day while the resident was in the facility and 2 scheduled days were left blank (from 6/17/2020 to 6/30/2020). d. On 8/4/2020 at 11:31 a.m., Certified Occupational Therapy Assistant (COTA) was asked if she remembered providing therapy services to the resident? The COTA stated, Yes, She was here after having a stroke. I provided a lot of neuromuscular reeducation, worked on dressing with one arm. I did not do much grooming ADL (Activities of Daily Living) wise. I focused more on weak arm. The COTA was asked if she assisted the resident with a shower or washing her hair. The COTA stated, I did not do a shower with her. We may have done a simulated shower, but I did not actually do a shower. The COTA was asked if she remembered the resident wearing a helmet? The COTA stated, Yes. She always wore a helmet. I would put it on her when I got her out of bed. The COTA was asked do you remember anything about her hair? The COTA stated, Yes. Her hair was matted up in a tight bun. She had what looked like some stitches on the side of her head. The COTA was asked, Do you know if anything was ever done about her hair? The COTA stated, I am not aware of anything ever being done. I do not remember ever telling her that her hair was matted. The CNA's (Certified Nursing Assistants) were in the room with me during treatment, I figured it was known. e. On 8/4/2020 at 2:36 p.m., the Advanced Practical Nurse Practitioner (APRN) at the hospital was asked, How was the resident's appearance when she was admitted ? She stated, We removed her helmet to do a body audit and give her a shower and her hair was matted and dirty. There was no way we could have brushed her hair, it had to be cut. We called the daughter and talked to her and she gave us permission to cut her hair.</p>		
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.