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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/11/2020 |
| NAME OF PROVIDER OF SUPPLIER THE GREEN HOUSE COTTAGES OF POPLAR GROVE | | STREET ADDRESS, CITY, STATE, ZIP 7801 KANIS RD LITTLE ROCK, AR 72204 | |
| 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 0584 Level of harm - Potential for minimal harm Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 252) was substantiated, all or in part, in these findings. Based on observation and interview the facility failed to ensure a sanitary environment for 1 of 1 (Resident (R) #1) sampled resident as evidenced by the toilet was not clean of a ring of black substance. This failed practice had the potential to affect 12 residents who resided in cottage 8 per a list provided by the Assistant Administrator on 3/11/2020 at 2:05 p.m. The findings are: Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment reference Date (ARD) of [DATE] documented, Brief Interview for mental Status (BIMS) score 4 (0-7 indicates severely impaired) for daily decision making/requires minimal assistance of 1 staff for bed mobility, transfer, walking, locomotion, dressing, eating, toilet use, personal hygiene, bathing, and was occasionally incontinent of bladder and always continent of bowel. a. On [DATE]20 at 5:13 p.m., during a care observation round for R #1, there was a ring of black substance inside of the toilet bowl. b. On 3/10/2020 10:06 a.m., there was a ring of black substance inside of the toilet bowl. C. On 3/11/2020 at 10:00 a.m., CNA #4 stated, Yes, I just cleaned it. I don't know why it looked like that. We are supposed to clean it every day. | | |
| F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 296) and # (AR 252) were substantiated, all or in part, in these findings. Based on observations, record review, and interviews the facility failed to ensure oxygen was incorporated into a Continuous Positive Air Pressure ([MEDICAL CONDITION]) machine during use per the physician's orders [REDACTED].#1) of 2 (R #1 and R #2) sampled residents who had physician orders [REDACTED]. This failed practice had the potential to affect 2 residents who had physician orders [REDACTED].#1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment reference Date (ARD) of [DATE] documented, a Brief Interview for mental Status (BIMS) score 4 (0-7 indicates severely impaired) cognitively for daily decision making) and required minimal assistance of 1 staff for bed Mobility, transfer, walking, locomotion, dressing, eating, toilet use, personal hygiene, bathing, and was occasionally incontinent of bladder and always continent of bowel. a. The Care Plan documented, (R1) has altered respiratory status/difficulty breathing r/t [MEDICAL CONDITIONS] . [MEDICAL CONDITION] settings: humidity: 4 Follow manufacturer's guidelines for cleaning schedule Elder often packs up [MEDICAL CONDITION] machine. She removes bag to pack other items .Elevate head of bed as needed . b. A physician's orders [REDACTED]. (bedtime) Remove q am. Keep settings as programmed: Humidity: 4.5 Also Oxygen 2L (liters) needs to be incorporated with [MEDICAL CONDITION] at bedtime related to Obstructive Sleep Disorder. c. On 3/10/2020 at 5:36 a.m., R #1 was sitting up on the side of the bed. The [MEDICAL CONDITION] mask and tubing were lying across the [MEDICAL CONDITION] machine. The machine was plugged into the receptacle. No oxygen was incorporated to [MEDICAL CONDITION]. There was no tubing connected to the concentrator. The concentrator was off. d. On 3/11/2020 at 8:23 a.m., R #1 was up and in the bathroom. Her [MEDICAL CONDITION] machine was set up on her overnight stand. There was no oxygen incorporated into the [MEDICAL CONDITION] machine, and there was no oxygen tubing noted attached to the concentrator. The concentrator was off. e. On 3/10/19 at 2020 at 5:36 a.m., the Certified Nursing Assistant (CNA) #1 was asked, Did R #1 wear her [MEDICAL CONDITION] during the night? He stated, Yes,. He was asked, Did you remove it? He stated, No. But she does get up in the night and takes it off. f. On 03/11/2020 at 3:56 p.m., The Director of Nursing (DON) stated, I am aware that oxygen is to be incorporated into the [MEDICAL CONDITION] machine when in use. I know that there has been two times when the MDS Coordinator had to reconnect the oxygen. | | |
| F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 252) was substantiated, all or in part, in these findings. Based on observatio, record review and interviews the facility failed to ensure medications were stored in a locked compartment for a non sampled R4. This failed practice had the potential to affect 12 residents who reside in cottage 8 per a list provided by the Assistant Administrator on 3/11/2020 at 2:05 p.m. 1. R4 was admitted to the facility 4/12/2019 with [DIAGNOSES REDACTED]. The Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/3/2020 documented, a Brief Interview Mental Status (BIMS) score of 13 (12-15 indicates cognitively intact for daily decision making), extensive assistance of 1-2 personf for bed mobility, transfers,walking ,locomotion on/off unit, dressing,toileting, personal hygiene and bathing. Supervision with set up help only for eating, Occasionally incontinent for bladder, and frequently incontinent of bowel. a. The Care Plan documented, The resident is independent for meeting emotional, intellectual, physical, and social needs.R4 has an ADL self-care performance deficit r/t weakness, unsteadiness, R4 with recent fall with fx of ribs to left side and pneumothorax. Give limited assist x1 for her ADL'S, set up for meals. b. The March 2020 Medication Administration Record [REDACTED]. The CNA then pointed out the medication closet door, the door handle was locked but was not latched and secured, inside the closet was numerus over the counter medications, treatment dressing supplies such as bandages and wound cleanser. c. On 3/10/2020 at 8:50 a.m. LPN #1 entered the cottage, she was asked where the over the counter medications were stored, she led surveyor to the closet and inserted the key but did not turn the key and opened the door,she was asked, was the door locked,mshe stated, it was locked but it wasn't closed all the way. When the LPN entered the cottage the CNA did not attempt to report his findings to her. d. On 3/10/2020 at 8:17 a.m. CNA #2 was asked, Have you reported this to anyone? He stated, Not today, but I have many times before, and some family members have reported it too. e. On 3/10/2020 at 8:50 a.m. LPN #1 was asked, do yu find pills on the shelves in the rooms often? She stated, No this is the first time. She was asked has anybody ever reported to you they find them She stted, No. She was asked, have you ever found the medication closet opened before? She stated, No that was my first time. f. On 3/11/2020 at 3:56 p.m.the DON was asked, has it ever been reported to you that medications are being left on the shelves in the residents room? She stated, I am not aware of medications being punched out, being placed in a cup and being left in a resident's cabinet or up on a shelf. | | |
| 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.