

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOMERSET SENIOR LIVING AT SEVEN SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1040 WEDDING FORD ROAD HEBER SPRINGS, AR 72543</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 0689  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview, the facility failed to ensure a fall intervention was in place to prevent falls for 1 (Resident #1) of 1 sample mix resident who required a Bolster mattress to prevent falls. This failed practice resulted in past non-compliance at harm level for Resident #1 who did not have a Bolster mattress on the bed and fell on to the floor receiving a laceration to the head and had the potential to affect 11 residents who required a Bolster Mattress according to a list provided by the Administrator on 08/12/2020 and updated on 08/17/2020. The findings are: Resident #1 had a [DIAGNOSES REDACTED]. The Annual Minimum Data Set with an Assessment Reference Date of 04/23/2020 documented the resident scored 11 (08-12 indicates moderately impaired) per a Brief Interview for Mental Status and required total assistance of 2 for bed mobility, transfer, dressing, and toilet use. a. A Care Plan with a revision date of 10/23/2019 documented, . Bolster mattress applied to bed. 09/12/2019 Date Initiated: 09/13/2019 . b. The Incident and Accident (I &amp; A) report dated 05/30/2020 documented, (Resident #1) was found face down on the floor beside the bed. Blood noted under head. (Resident #1) stated, I was reaching for my Dr. Pepper and slid out of bed. (Resident #1) was sent to the ER (emergency room) . After resident left facility bolster mattress from previous room was placed on resident's bed in her new room. Staff re-educated to ensure that all fall interventions move with resident when changing rooms . c. The hospital records dated 05/30/2020 documented, .The accident occurred less than 1 hour ago. The fall occurred from a bed. She fell from a height of 3 to 5 ft. She landed on a hard floor. . The point of impact was the head. Pain scale: unable to say due to the patient's advanced dementia. She was not ambulatory at the scene. .The symptoms are aggravated by activity . Lac (laceration) Repair . The procedure was performed in an emergent situation . Location details scalp . Laceration length 2 cm (centimeters) . Skin closure staples . Number of sutures 4 . Dressing antibiotic ointment and pressure dressing . d. On 08/11/2020 at 10:21 a.m., the Director of Nursing (DON) was asked, What interventions were in place for (Resident #1) regarding falls? The DON replied, She couldn't ambulate, she was a lift. We reclined the wheelchair or (Resident #1) will be in bed. After 05/30/2020, we applied Bolster mattress to bed and prior to that she had had no falls since 2019. e. On 08/12/2020 at 08:17 a.m., the DON was asked, Did you do an in-service on 05/30/2020 regarding fall interventions after (Resident #1) fell . The DON replied, Yes. f. On 08/12/2020 at 09:49 a.m., an Inservice Education Report provided by the Administrator documented, Date: 05/30/2020 .When a resident is moved from one room to another, staff must make certain that ALL safety interventions move with the resident. This is necessary to continue to prevent harm and to provide quality care. After moving the resident, please recheck the room and the care plan to ensure all safety precautions are put into place . g. A Falls Management policy documented, . A risk reduction Falls, and Injuries Program will be used to assess residents/patients to determine fall risk factors. The interdisciplinary team identifies and implements appropriate interventions to reduce the risk of falls or injuries while maximizing dignity and independence .</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.