

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045374	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER ROBINSON NURSING AND REHABILITATION CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 519 DONOVAN BRILEY BLVD. NORTH LITTLE ROCK, AR 72118	
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 237) was substantiated, all or in part, with these findings. Based on observation, record review and interview the facility failed to ensure wounds were measured weekly, were classified correctly to determine healing or further deteriorations and failed to follow physician orders [REDACTED].#1) of 1 case mix resident who had an appointment for the wound clinic. This failed practice had the potential to affect 1 resident in the facility who had been seen by the Wound Clinic according to the Director of Nursing (DON) on 8/12/2020. The findings are: Resident #7 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 6/3/2020 documented the resident was totally dependent on the assistance of two plus people for bed mobility, transfer, dressing, toilet use and bathing, and had functional limitation on both sides of the upper and lower extremities. a. The Braden Scale dated for 5/14/2020 documented the resident scored 11, (Scoring: At risk 15-18, moderate risk 13-14, high risk 10-12) which indicates high risk for developing pressure ulcers. b. The Comprehensive Care Plan dated 6/4/20 documented, The resident uses antibiotic ointment r/t (related to) delayed healing of MASD (Moisture Associated Skin Damage) due to possible biofilm to buttocks . c. The Physician order [REDACTED]. d. The Progress dated 7/23/2020 Type: Nsg (Nursing) Skin and Wound General Note documented, Tele-med visit held with this nurse for resident with (Physician) at (Wound Clinic). Ordered to continue current orders and culture area, will fax culture to MD (Medical Doctor) upon receipt. Signed by the Treatment Nurse. (Tx Nurse) e. The Nsg (Nursing): Weekly Skin Audit (TX NURSE) dated 07/25/2020 at 04:36 documented. .OBSERVATIONS . 14) Abdomen . [MEDICAL CONDITION]; 14) Abdomen . peg tube; Coccyx . MASD; Other . bilat (bilateral) post thighs MASD; Other . bilateral arms dry skin signed. Note was signed by the Treatment Nurse. There was no documented measurement provided for any of the above areas. f. On 8/12/2020 at 10:12 a.m., the Treatment Nurse /Licensed Practical Nurse (LPN) was asked if she had wound care training. She stated, Yes. She was asked, Where are the documentation of assessment of the wounds for (Resident #7)? She stated that they document assessment for Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers and Status Ulcers. The areas that (Resident #7) has are Moisture Associated Skin Damage and we don't measure these areas. She was asked, Where do you document your assessment of residents wounds? She stated, We only documented assessments on Pressure Ulcers, Arterial Ulcers, Diabetic and surgical wounds. She was asked, Who does the body audits? The Treatment Nurse stated, The Weekend Supervisor. She was asked, When the resident was seen by the Wound Clinic via Tele-med on 7/23/2020, did you follow-up with the Wound Clinic? She stated, No, he said to keep up with what we were doing. She was asked, Did you call to get the wound clinic notes? She stated, No. g. On 8/12/2020 at 10:50 a.m., the DON was asked for the wound clinic reports from the Tele-med visit on 7/23/2020. Received from the DON at 12:36 p.m. The Wound Clinic report documented the resident was seen on 7/23/2020 at 4:00 p.m. Chief Complaint: Pt (patient) is at the clinic for treatment of [REDACTED]. Return appointment in 2 weeks . Continued routine visits are necessary to prevent complications [MEDICAL CONDITION] which would increase patient's risk for hospitalization and increase morbidity and mortality . Assessment: Active Problems Pressure Ulcer of left buttocks, Stage 2, Pressure Ulcer of the right buttock, Stage 2 . Plan . Skin barrier/Peri-wound care . Barrier Cream-Bordeaux's paste or similar product, Wound cleaning, clean wound with soap and water, secondary dressing Allevyn Life, Dressing change frequency, change dressing every other day and PRN (as needed) soiling. Off-loading, low air-loss mattress, turn and reposition every-one hours (side to side) . h. On 8/12/2020 at 12:40 p.m., the DON was asked if the resident had missed a wound clinic appointment. The DON stated, Yes. The DON was asked if the wound treatment orders had changed. She stated Yes, that was over 20 days ago, yes he missed the appointment and the treatments were changed and to be changed every other day. i. On 8/12/2020 at 12:47 p.m., the DON called the APN to obtain orders. The APN stated to follow the Wound Clinic Orders. j. On 8/12/2020 at 12:49 p.m., the Treatment Nurse was shown the Wound Clinic Orders. She was asked if there was a change in the treatment orders. She stated, Yes. She was asked, How did the Wound Clinic classify the wounds? She stated, A Stage II. She was asked if the treatment orders had changed. She stated, Yes. She was asked if the resident should have had a second wound clinic visit. She stated, Yes.</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.