

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2005
NAME OF PROVIDER OR SUPPLIER OJACHITA NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1411 COUNTRY CLUB ROAD CAMDEN, AR 71701	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #10481 was substantiated (all or in part) with deficiencies cited at F225 and F226. Complaint #11096 was unsubstantiated.	F 000		
F 225 SS=C	483.13(c)(1)(ii)-(iii) STAFF TREATMENT OF RESIDENTS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225		

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.

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F 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #10481 was substantiated (all or in part) with these findings.</p> <p>Based on interview, the facility failed to ensure an allegation of abuse was reported to the police and the Office of Long Term Care (OLTC) in accordance with State Law and failed to provide documented evidence of an investigation of the allegation for 1 (of 1) case mix resident involved in an allegation of abuse (Resident #1). The failed practice had the potential to affect all 98 residents, as identified by the Administrator on 12/12/05 at 9:00 a.m. The findings are:</p> <p>On 12/11/05 at 11:00 p.m. during completion of the abuse protocol interviews, Certified Nursing Assistant (CNA) #1 was asked if she had ever heard anything in the past about a staff member hitting a resident. She stated, "A long time ago, supposedly, [LPN #1] slapped a resident. I know it was turned in to the DON [Director of Nursing]. I never heard anything else about it."</p> <p>a. On 12/11/05 at 11:10 p.m., LPN #1 was asked if anyone had made an abuse allegation against her. She stated, "Yes. Someone accused me of slapping a resident, but it was investigated. I think this happened around the first of the year. A resident kicked and I caught her leg. I didn't slap her. There was a CNA in there with me."</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>b. On 12/12/05 at 10:53 a.m., the following interview was conducted with the DON:</p> <p>Surveyor asked the DON about the alleged incident involving LPN #1.</p> <p>DON: "I remember that. It happened in February [2005]. [CNA #2] said she didn't see anything, but she heard a slap."</p> <p>Surveyor: "Did that make anyone think that this could be a possible allegation of abuse?"</p> <p>DON: "The word allegation wasn't said."</p> <p>Surveyor: "If someone reports that they didn't see anything but heard a slap, does that make you think there's a possibility of abuse?"</p> <p>DON: [Did not verbally respond to question - only shook her head no]. She then stated, "We have an internal investigation somewhere. We're looking for it. We determined it didn't happen."</p> <p>c. On 12/12/05 at 11:50 a.m., the Administrator stated, "I remember... it's been so long ago. I remember [CNA #2] said she didn't see anything, but she heard a slapping sound." The Administrator was asked if the allegation was reported to the police and OLTC. She stated, "No. It really wasn't an allegation of abuse. It made a sound. I remember her saying that. I know we did an internal investigation. I just can't find it."</p> <p>d. On 12/13/05 at 10:45 a.m., the facility's former DON stated, "I didn't understand that every allegation had to be reported. I just know it didn't</p>	F 225			

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F 225	Continued From page 3 happen because another CNA was in the room with her." e. As of 12/13/05 at 11:00 a.m., the facility could provide no documentation to indicate the allegation was ever reported to the police or OLTC as required.	F 225		
F 226 SS=C	483.13(c) STAFF TREATMENT OF RESIDENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Complaint #10481 was substantiated (all or in part) with these findings. Based on record review and interview, the facility failed to ensure the facility policy and procedure for abuse reporting was implemented, as evidenced by failure to report an allegation of abuse to local law enforcement and the Office of Long Term Care and failure to provide documented evidence of an investigation of the allegation for 1 (of 1) case mix resident involved in an allegation of abuse (Resident #1). The failed practice had the potential to affect all 98 residents, as identified by the Administrator on 12/12/05 at 9:00 a.m. The findings are: On 12/11/05 at 11:00 p.m. during completion of the abuse protocol interviews, Certified Nursing Assistant (CNA) #1 was asked if she had ever heard anything in the past about a staff member	F 226		

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F 226	<p>Continued From page 4</p> <p>hitting a resident. She stated, "A long time ago, supposedly, [LPN #1] slapped a resident. I know it was turned in to the DON [Director of Nursing]. I never heard anything else about it."</p> <p>a. On 12/11/05 at 11:10 p.m., LPN #1 was asked if anyone had made an abuse allegation against her. She stated, "Yes. Someone accused me of slapping a resident, but it was investigated. I think this happened around the first of the year. A resident kicked and I caught her leg. I didn't slap her. There was a CNA in there with me."</p> <p>b. On 12/12/05 at 10:53 a.m., the following interview was conducted with the DON:</p> <p>Surveyor asked the DON about the alleged incident involving LPN #1.</p> <p>DON: "I remember that. It happened in February [2005]. [CNA #2] said she didn't see anything, but she heard a slap."</p> <p>Surveyor: "Did that make anyone think that this could be a possible allegation of abuse?"</p> <p>DON: "The word allegation wasn't said."</p> <p>Surveyor: "If someone reports that they didn't see anything but heard a slap, does that make you think there's a possibility of abuse?"</p> <p>DON: [Did not verbally respond to question - only shook her head no]. She then stated, "We have an internal investigation somewhere. We're looking for it. We determined it didn't happen."</p> <p>c. On 12/12/05 at 11:50 a.m., the Administrator stated, "I remember... it's been so long ago. I</p>	F 226			

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F 226	Continued From page 5 remember [CNA #2] said she didn't see anything, but she heard a slapping sound." The Administrator was asked if the allegation was reported to the police and OLTC. She stated, "No. It really wasn't an allegation of abuse. It made a sound. I remember her saying that. I know we did an internal investigation. I just can't find it." d. On 12/13/05 at 10:45 a.m., the facility's former DON stated, "I didn't understand that every allegation had to be reported. I just know it didn't happen because another CNA was in the room with her." e. As of 12/13/05 at 11:00 a.m., the facility could provide no documentation to indicate the allegation was ever reported to the police or OLTC as required. f. The facility's Abuse Prevention Program policy and procedure documented: "The facility administrator or designee shall notify the Office of Long Term Care, the local police and others, of the suspected occurrence within the required reporting period as defined by Arkansas Department of Human Services, LTC-R-2000-20... The facility will promptly investigate all reported or suspected allegations of abuse..."	F 226			