

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

PRINTED: 01/06/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/21/2005
NAME OF PROVIDER OR SUPPLIER BYRD HAVEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 SO COLLEGE SEARCY, AR 72143		
(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 #10779 was substantiated (all or in part) with a deficiency cited at F309.	F 000			
F 309 SS=E	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Complaint #10779 was substantiated (all or in part) in these findings. Based on record review and interview the facility failed to ensure Physician orders were followed for 1 (Resident #4) of 5 (Residents #1 thru #5) case-mix residents with diagnoses of Diabetes Mellitus. This failed practice had the potential to affect 24 residents in the facility with diagnosis of Diabetes Mellitus, according to a list provided by the Director of Nursing on 12/20/05. The findings are: 1. Resident #4 had diagnoses of Type II Diabetes Mellitus. The Quarterly Minimum Data Set dated 11/18/05 documented that the resident had modified independence in cognitive skills for daily decision-making, behaviors of wandering and resisting care and required minimum assistance with activities of daily living.	F 309			

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 309	Continued From page 1 2. The Plan of Care dated 8/22/05 documented a problem of risk for hyper/hypoglycemia, and other complications related to Diabetes Mellitus. An intervention documented "Blood Sugar 60-80 give orange juice." 3. A Physician order dated 9/14/05 documented Finger Stick Blood Sugar (FSBS) weekly on Mondays at 6:00 a.m. and as needed and "Blood sugar 60-80 give OJ (orange juice)." 4. Review of the October, November and December 2005 Medication Administration Records (MAR) revealed the following FSBS: 10/3/05 FSBS = 72, 10/10/05 FSBS = 69, 10/17/05 FSBS = 73, 10/31/05 FSBS = 68, 11/7/05 FSBS = 78 and 12/19/05 FSBS = 67. 5. The spaces for the documentation of the administration of the Orange Juice on all dates were blank. There was no documentation in the medical record that the orange juice had been given on the dates that the resident's FSBS was 60-80, as ordered by the Physician. 6. On 12/21/05 at 2:45 p.m., the Director of Nurses stated that there was no documentation in the medical record that the orange juice had been given to the resident. 7. On 12/21/05 at 3:30 p.m., when asked if she had received a report from the night shift on 12/19/05 that the resident's FSBS had been 60-80 and that he had been given orange juice, LPN #1 stated "No, I didn't hear anything about it." She also looked at the 24-Hour Report and stated that the nurse had written on there that the resident's blood sugar was 67 but, no, there was no additional documentation. She further stated	F 309			

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F 309	Continued From page 2 that if the nurse had given the resident the orange juice she would have put it on the report or verbally told her about it.	F 309			