

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

PRINTED: 07/18/2006
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 07/07/2006
NAME OF PROVIDER OR SUPPLIER OJACHITA NURSING & 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	F 000		
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #11790 was substantiated (all or in part) in these findings.</p> <p>Based on observation, record review and interview the facility failed to ensure bed side commodes were emptied and cleaned for 2 (Residents #1 and #2) of 4 (Residents #1, #2, #3 and #6) case mix residents with bed side commodes. This failed practice had the potential to effect 15 residents in the facility with bed side commodes, according to Assistant Director of Nurses on 7/7/06 at 10:20 a.m. The findings are:</p> <p>1. Resident #1 had diagnoses of Diabetes, Varicose Leg Ulcer, Peripheral Vascular Disease and Morbid Obesity. A Quarterly Minimum Data Set (MDS) dated 6/20/06 documented the resident had independent cognitive skills for daily decision making and required limited physical assistance of one person for transfer and toilet use.</p> <p>a. A Care Plan updated on 4/6/06 that documented, " ...Resident is obese, requires some assistance with...some</p>	F 253		

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 253	<p>Continued From page 1</p> <p>incontinence...Assist resident to toilet, use urinal, BRP [Bath Room Privileges], to decrease chances for spilling or accidents...provide prompt assistance with incon't [incontinent] care post each episode....Resident has some urine spills, sometime doesn't make it to urinal..."</p> <p>b. On 7/5/06 at 2:12 p.m. and 4:00 p.m., there was approximately 3-inches of dried feces stain in the pot of the resident's bed side commode. The residents urinal was 1/3 full of urine and was hanging on the side of the resident's trash can. There was a large puddle of what appeared to be urine on the floor under the urinal. Bowel movement and urine odors were present in the resident's room.</p> <p>2. Resident #2 had diagnoses of Pelvic Fracture, Hypokalemia, Dehydration and Diarrhea. The Admission MDS dated 6/29/06 documented the resident had moderately impaired cognitive skills for daily decision making and required limited physical assistance of one person for toileting and transfers.</p> <p>a. On 7/5/05 at 2:24 p.m., the resident's bed side commode had a dried round yellow stain approximately 1 and 1/2 to 2-inches in diameter in the center of the bowl. An odor of urine was present.</p> <p>b. On 7/5/06 at 4:09 p.m., the resident sat in her wheelchair waiting for her supper tray in her room. The bedside commode, near the door and the area where the resident sat, had a small dried yellow circle approximately 2 inches in the center of the bowl with urine odor present.</p> <p>c. On 7/6/06 at 8:08 a.m., the resident was in her</p>	F 253			

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F 253	Continued From page 2 room feeding herself breakfast. The bedside commode sat to the right of the doorway in her room and had approximately 240 to 300 cubic centimeters of urine in the bowl.	F 253			
F 282 SS=D	3. On 7/7/06 at 10:00 a.m., the Director of Nurses stated, "We don't have a policy per se for cleaning of Bedside Side Commodes." 483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that low fiber foods were served for 1 of 1 (Resident #2) case mix resident who had a Physician order for a low fiber diet. This failed practice had the potential to affect 2 residents who had Physician orders for fiber restriction, according to the Diet List dated 7/6/06. The findings are: 1. Resident #2 had diagnoses of Pelvic Fracture, Dehydration and Diarrhea The Admission Minimum Data Set dated 6/29/06 documented the resident had moderately impaired cognitive skills for daily decision making and required setup help only with eating. a. A Physician order dated 6/23/06 documented a regular low fiber diet.	F 282			

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F 282	<p>Continued From page 3</p> <p>b. On 7/6/06 at 8:08 a.m., the resident's breakfast tray ticket documented regular diet and under Dislikes: broccoli, cauliflower, lettuce, barbeque and cabbage (non-breakfast food items). The resident was served a regular tray of cream of wheat, eggs, toast, bacon, orange juice, coffee, whole milk and a banana.</p> <p>c. On 7/6/06 at 12:20 p.m., the resident's lunch tray ticket documented regular diet and under Dislikes: broccoli, cauliflower, lettuce, barbeque, and cabbage. The resident was served chicken and dumplings, lima beans with husks, 1 slice white bread, 1 pat margarine, iced tea, banana pudding and red raspberry yogurt with small seeds.</p> <p>d. On 7/6/06 at 3:00 p.m., the Dietary Manager (DM) was asked how her staff knew the difference in a restriction from a dislike on the resident's tray ticket that stated "regular" instead of low fiber, she stated they listed foods that should not be served under dislikes on the tray ticket and that she would ask the Registered Dietitian (RD) consultant to send a list of high fiber foods to post in the kitchen.</p>	F 282			