

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

PRINTED: 09/26/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2005
NAME OF PROVIDER OR SUPPLIER LAKE VILLAGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 903 BORGOGNONI DRIVE LAKE VILLAGE, AR 71653	
(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 #9766 was unsubstantiated. Complaint #10589 was unsubstantiated.	F 000		
F 250 SS=D	483.15(g)(1) SOCIAL SERVICES The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure dental assessments were conducted for 1 (Resident #13) of 14 (Residents #1 through #14) case-mix residents. This failed practice had the potential to affect 81 residents in the facility, according to the Resident Census and Condition of Residents report dated 8/29/05. The findings are: 1. Resident #13 had diagnoses of Anemia, Alzheimer's Disease, Psychosis and Peptic Ulcer. The Minimum Data Set (MDS) dated 7/21/05 documented the resident had severely impaired cognitive skills for daily decision-making and required extensive assistance of one person for personal hygiene. a. On 8/31/05 at 6:00 p.m. and on 9/1/05 at 8:10 a.m. and 10:00 a.m., the resident's teeth were filled with food debris. The resident had visible holes in her front teeth.	F 250		

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 250	Continued From page 1 b. On 9/1/05 at 10:20 a.m., the Social Services staff person stated she had not had any complaints about tooth pain for the resident; she stated, "I don't look at her mouth. I guess I could." c. On 9/1/05 at 10:38 a.m., the Social Services staff person stated, "I just looked at [the resident's] teeth and they are bad. It looks like she may have some pockets in the front that fill up with food. She further stated she did not have a system to check residents' teeth, eyes (glasses), ears (hearing aids), clothing or shoes. She stated she addressed the residents' social needs by complaint only.	F 250		
F 272 SS=C	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions;	F 272		

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F 272	<p>Continued From page 2</p> <p>Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that comprehensive assessments were completed for 14 of 14 (Residents #1 through #14) case-mix residents as evidenced by the failure to document additional assessment summary information on the Resident Assessment Protocol Summary (RAPs). This failed practice had the potential to affect all 81 residents residing in the facility, according to the Resident Census and Conditions of Residents received from the Administrator 8/29/05. The findings are:</p> <p>1. Resident #1 had diagnoses of Hypothyroidism, Schizophrenia, Esophageal Reflux and Constipation. A Significant Change in Condition Minimum Data Set (MDS) dated 6/13/05 documented the resident was dependent on staff for activities of daily living due to weakness and confusion.</p> <p>The RAPs form that documented under the title</p>	F 272			

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F 272	<p>Continued From page 3</p> <p>"Location and date of RAP Assessment Information" was not available for review.</p> <p>2. Resident #2 had diagnoses of Peripheral Vascular Disease, Osteoarthritis, Hypertension, Alzheimer's Disease, Decubitus Ulcer, Chronic Ischemic Heart Disease and Blindness. An Annual MDS dated 6/6/05 documented that the resident was totally dependent on staff for Activities of Daily Living.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "rap summary 6/6/05."</p> <p>3. Resident #3 had diagnoses Constipation, Cardiovascular Accident, Osteoarthritis and Angina Pectoris. An Annual MDS dated 6/2/05 documented that the resident was totally dependent on staff for Activities of Daily Living.</p> <p>The RAPs form that documented the title "Location and date of RAP Assessment Documentation" was not available for review.</p> <p>4. Resident #4 had diagnoses of Septicemia, Hypertension, Constipation, Insomnia and Congenital Hydrocephalus. An Annual MDS dated 8/5/05 documented that the resident was totally dependent on staff for all assistance in Activities of Daily Living.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "SEE RAP SUMMARY 08/05/05."</p> <p>5. Resident #5 had diagnoses of Psychosis, Congestive Heart Failure, Reflux Esophagitis, Anorexia, Constipation and Joint Pain. The</p>	F 272		

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F 272	<p>Continued From page 4</p> <p>Annual MDS was completed was completed on 8/23/05.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: " SEE RAP SUMMARY 08/23/05.</p> <p>6. Resident #6 had diagnoses of Gout, Depressive Disorder, Hypertension, Musculoskeletal Pain, Difficulty in Walking and Peripheral Vascular Disease. A Significant Change in Condition MDS was completed on 11/19/04.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "SEE RAP NOTES ON 11/19/04."</p> <p>7. Resident #7 had diagnoses of Hypertension, Gout, General Osteoarthritis, Reflux Esophagitis, Vitamin B Deficiency and Difficulty in Walking. A Significant Change in Condition MDS was completed on 4/29/05.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "SEE RAP SUMMARY."</p> <p>8. Resident #8 had diagnoses of Hypertension, Atrial Flutter, Reflux Esophagitis, Constipation and Bladder Disorder. The Annual MDS was completed on 2/4/05.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "SEE MDS/RAP SUMMARY 03/03/05."</p> <p>9. Resident #9 had diagnoses of Renal Failure,</p>	F 272			

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F 272	<p>Continued From page 5</p> <p>Dysphagia, Hypertension, Diabetes Mellitus, Decubitus Ulcer and Hypopotassemia. A Significant Change in Condition MDS was completed on 8/25/05.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "SEE RAP SUMMARY 08/25/05."</p> <p>10. Resident #10 had diagnoses of Cystostomy, Urinary Tract Disease, Pseudomonas Infection and General Osteoarthritis. The Admission MDS was completed on 7/15/05.</p> <p>Under the title "Location and date of RAP Assessment Documentation" The RAPs form documented: "SEE RAP SUMMARY 07/15/05."</p> <p>11. Resident #11 had diagnoses of Angina Pectoris, Constipation, Diabetes Mellitus, Alzheimer's Disease, Atherosclerosis, Hypertension and Presenile Depression. An Annual MDS was completed on 8/19/05.</p> <p>The facility could provide no documentation that a RAPs was completed.</p> <p>12. Resident #12 had diagnoses of Constipation, Convulsions, Anemia, Profound Mental Retardation, Cyst of Bone and Pancreatic Disease. An Annual MDS was completed on 3/11/05.</p> <p>Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "see rap notes on 03/11/05."</p> <p>13. Resident #13 had diagnoses of Anxiety State, Peptic Ulcer, Alzheimer's Disease, Psychosis,</p>	F 272			

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F 272	Continued From page 6 Viral Enteritis, Anemia, Cardiovascular Accident and Depressive Disorder. An Annual MDS was completed on 1/21/05. Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "SEE RAP NOTES ON 01/21/2005." 14. Resident #14 had diagnoses of Chronic Renal Failure, Diabetes Mellitus, Congestive Heart Failure, Hypertension, Reflux Esophagitis, Peripheral Vascular Disease and Anemia. An Annual MDS was completed on 5/25/05. Under the title "Location and date of RAP Assessment Documentation" the RAPs form documented: "RAP SUMMARY 05/27/2005." 15. On 9/1/05 at 3:38 P.M., the MDS Coordinator and Director of Nurses stated they were under the impression the RAP Work sheet served as the further assessments.	F 272		
F 282 SS=E	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 record review and interview the facility failed to ensure care was provided as per the	F 282		

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F 282	Continued From page 7 Comprehensive Care Plan (CCP) for 2 residents (Residents #5 and #9) and that Physician Orders were followed for 1 (Resident #9) of 14 case-mix residents (Residents #1 through #14). This failed practice had the potential to affect 81 residents, according to the Resident Census and Condition of Residents report dated 8/29/05. The findings are: 1. Resident #9 had diagnoses of Congestive Heart Failure (CHF), Feeding Tube and Renal Failure. The Annual Minimum Data Set (MDS) dated 7/29/05 documented that the resident had severely impaired cognitive skills for daily decision-making and was incontinent of bowel and bladder. a. The resident's CCP dated 7/29/05 documented: "Problem #4 - Altered Cardiac Output related to CHF. Approach - Monitor I&O [Intake and Output] and record. Problem #20 - Alteration in Urinary Elimination. Approach - Monitor I&O as ordered. Problem #22 - Fluid Volume Deficit, Potential R/T [related to] Use of Diuretics. Approach - Monitor I&O q [every] shift and record." The responsible discipline for the Approaches was "LN [Licensed Nurse]." b. On 8/30/05 at 4:45 p.m., when asked about I&Os for the resident, the Director of Nursing (DON) stated "Why would we have to have I&Os on the resident?" c. On 8/30/05 at 4:50 p.m., the DON stated "We haven't done I&Os on the resident." 2. Resident #5 had diagnoses of Incontinence, Congestive Heart Failure and a Feeding Tube. The MDS dated 8/23/05 documented that the	F 282			

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F 282	Continued From page 8 resident had moderately impaired cognitive skills for daily decision-making. a. The resident's CCP dated 8/23/05 documented: "Problem #8 - Alteration in Urinary Elimination related to occasional incontinence of bowel and bladder. Approach - Monitor I&O as ordered. Problem #12 - Alteration in Nutrition related to feeding tube placement. Approach - Monitor I&O q [every] shift and record. Problem #13 - Aspiration, Potential for PEG [Percutaneous Endogastrostomy] Tube placement. Approach - Monitor I&O every shift and record. Problem #15 - Fluid Volume Deficit potential related to use of Diuretics. Approach - Monitor I&O every shift and record." The responsible discipline for the Approaches was "LN." b. On 8/31/05 at 3:35 p.m., the DON stated, "We haven't done I&O on the resident." 3. Resident #9 had diagnoses of Congestive Heart Failure (CHF), Feeding Tube and Renal Failure. The Annual MDS dated 7/29/05 documented that the resident had severely impaired cognitive skills for daily decision-making. a. A Physician Order dated 8/3/(05) documented discontinue Vitamin C, Zinc and Multivitamin. b. On 8/30/05 at 3:50 p.m., the Medication Administration Record for the resident dated August 2005 documented these three medications had been signed out as having been administered to date. This resulted in the resident receiving the discontinued medications: Vitamin C tabs CR 500 milligrams 26 times, Zinc Sulfate caps 220 milligrams 26 times, and the Multivitamin 26 times.	F 282			

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F 282	Continued From page 9	F 282		
F 312 SS=D	<p>483.25(a)(3) ACTIVITIES OF DAILY LIVING</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to ensure services were provided to maintain good oral hygiene for 1 (Resident #13) of 11 (Residents #1 through #5 and #9 through #14) case-mix residents who required assistance with personal hygiene. This failed practice had the potential to affect 28 residents who required assistance with personal hygiene, according to the Administrator on 9/23/05. The findings are:</p> <p>1. Resident #13 had diagnoses of Anemia, Alzheimer's Disease, Psychosis and Peptic Ulcer. The Minimum Data Set dated 7/21/05 documented that the resident had severely impaired cognitive skills for daily decision-making and required extensive assistance of one person for personal hygiene.</p> <p>a. On 8/31/05 at 6:00 p.m., the resident's teeth were filled with food debris.</p> <p>b. On 9/1/05 at 8:10 a.m. and 10:00 a.m., the</p>	F 312		

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F 312	Continued From page 10 resident's teeth continued to be filled with food debris. c. The Comprehensive Care Plan dated 7/21/05 documented Problem #1 was the resident had routine care needs related to severely impaired decision making ability and staff dependence for care. One of the approaches was to, "Provide oral hygiene 2 X [times] daily." d. On 9/1/05 at 10:38 a.m., the Social Services staff person stated, "I just looked at [the resident's] teeth and they are bad. It looks like she may have some pockets in the front that fill up with food."	F 312			
F 326 SS=D	483.25(i)(2) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility to ensure a therapeutic diet was serviced for 1 (Resident #2) of 5 (Residents #1 through #4 and #9) case-mix residents who had a Physician Order for a therapeutic diet. This failed practice had the potential to affect 57 residents who had Physician Orders for a therapeutic diet, according to the facility's Dietary Order List dated 8/29/05. The findings are: 1. Resident #2 had diagnoses of Diabetes, Decubitus Ulcer, Alzheimer's Disease and	F 326			

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F 326	Continued From page 11 Peripheral Vascular Disease. The Minimum Data Set dated 6/6/05 documented that the resident had severely impaired cognitive skills for daily decision-making and required one person physical assist for eating. a. The resident had a Physician Order dated 7/1/04 for a low concentrated sweet diet. b. On 8/29/05 at 6:20 p.m., during the supper meal, the resident was served a carton of regular strawberry ice cream, instead of Daffodil Angel Food Cake as documented on the written menu. c. On 8/30/05 at 12:56 p.m., during the lunch meal, the resident did not receive diet lime gel with pineapple as per the written menu.	F 326		
F 469 SS=B	483.70(h)(4) PHYSICAL ENVIRONMENT- PEST CONTROL The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to ensure that resident rooms and common areas were free of flies. This failed practice had the potential to affect 81 residents in the facility, according to the Resident Census and Conditions of Residents report dated 8/29/05. The findings are: 1. On 8/29/05 at 2:00 p.m., flies were flying and landing on chairs in the lobby across from the nurse's station. Flies, too numerous to count, were observed in the corridors on the 100, 200,	F 469		

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(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 469	Continued From page 12 300 and 400 Halls. 2. On 8/29/05 at 5:25 p.m., 2 flies were on the food tray of a non case-mix resident while he was eating at a table in the main dining room. 3. On 8/30/05 at 9:30 a.m., there were at least 2 live flies on the wall in the Activity Room. 4. On 8/30/05 at 12:44 p.m., there were 2 flies crawling on the feeder table in the dining room while staff assisted residents with eating. 5. On 8/31/05 at 1:45 p.m., Resident #6 swatted at 1 fly, which landed on a chair in the lobby adjacent to the Administrator's office, with a fly-swatter.	F 469			
F 502 SS=D	483.75(j)(1) LABORATORY SERVICES The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to obtain lab results for 1 (Resident #7) of 14 case-mix residents (Resident #1 through #14). This failed practice had the potential to affect 81 residents in the facility, as identified on the Resident Census and Conditions of Residents report dated 8/29/05. The findings are: 1. Resident #7 had diagnosis of Urinary Tract Infection (UTI). The Minimum Data Set (MDS) dated 7/29/05 documented the resident had	F 502			

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

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F 502	Continued From page 13 independent cognitive skills for daily decision-making and was occasionally incontinent of bladder. a. A Physician Order dated 7/6/(05) documented a lab for a urinalysis with culture and sensitivity was ordered for the resident. b. A urinalysis dated 7/11/05 documented that the resident had green, hazy urine and had bacteria of 1+. There was no documentation of the culture and sensitivity. c. The Medication Administration Record dated July 2005 documented the resident received Macrobid 100 milligrams twice daily for 2 weeks. The antibiotic therapy started on 7/8/05. d. The resident's Comprehensive Care Plan dated 7/6/05 documented: Problem #5 - Recurrent UTI symptoms." e. On 9/1/05 at 10:52 a.m., Licensed Practical Nurse #1 stated the culture and sensitivity was not done because the bacteria were not a 2+ or 3+. There was no documentation the Physician was notified the culture was not completed.	F 502			