

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER STELLA MANOR NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 NORTH VANCOUVER AVENUE RUSSELLVILLE, AR 72801	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on observation, record review, and interview, the facility failed to report an allegation of neglect in accordance with the facility Abuse Investigation and Reporting Policy for 1 (Resident #1) of 3 (Residents #1, #2, and #3) case mix residents who were receiving comfort care. This failed practice had the potential to affect 5 residents who were receiving comfort care, according to a list provided by the Administrator on 5/11/2020 at 2:36 p.m. The findings are: 1. On 5/11/2020 at 10:16 a.m., the Administrator was notified per telephone and was asked for a copy of the Division of Medical Services (DMS) form 7734 regarding the allegation of neglect involving Resident #1. He stated, Reportable? He was reminded of the phone call from the Office of Long-Term Care on 5/5/2020. He stated, I did get a call, but I explained to them it was an end of life situation. I guess I didn't see it as that. I took it as them asking me some questions. So no, I don't have a reportable. 2. On 8/12/20 at 11:15 a.m., the Administrator was asked, When OLTC (Office of Long-Term Care) called and told you about the allegation of neglect, why did you not start the reportable then? He stated, The lady that called me was asking me a lot of questions about the resident. He was 97 (years old), on comfort care, and I knew the son was okay with his care. I didn't look at it as neglect. But I have learned my lesson. 3. The facility policy titled Abuse Investigation and Reporting provided by the Administrator on 8/12/2020 documented, The Facility will endeavor to protect residents from maltreatment, which means adult abuse, sexual abuse, neglect, misappropriation of resident property, and exploitation of residents. All facility personnel, including all employees and any physician, the owner and the Administrator, must immediately report all incidents of alleged, witnessed or suspected resident maltreatment, including abuse, sexual abuse, neglect, misappropriation of resident property and exploitation of residents to the Administrator or Administrator's Designee who will report events as required by State law or regulation. ALL alleged, witnessed or suspected incidents must be reported according to State and federal law, according to the time restrictions required by law. All alleged violations will be reported immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse. The following persons or entities will be notified, as required by State law, by facility personnel (Administrator or Administrator Designee). Administrator, State Survey Agency, local law enforcement.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.