

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER WILLOWBEND HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 830 CANAL ST MARION, AR 72364	
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 551) was substantiated, all or in part, with these findings: Based on record review and interview, the facility failed to ensure a resident / resident representative was notified in advance of a planned discharge, in order to prepare the resident with ample time to make other living arrangements for 1 (Resident #2) of 3 sampled residents who were hospitalized . This failed practice had the potential to affect 5 residents who were hospitalized during the month of April 2020 according to the discharge list given by the Administrator on 5/21/2020. The findings are: Resident # 2 had [DIAGNOSES REDACTED]. The Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/9/2020 documented the resident was moderately impaired cognition; and required extensive to total assistance in activities of daily living (ADL) self-performance skills. a. Nurses' Progress Notes dated 4/9/2020 documented, .Called to resident's room at 8:20 am, nurse found resident was unresponsive, but breathing. Noted [MEDICAL CONDITION] type activity. At 8:22 am EMS (Emergency Medical Service) was notified. Bp (blood pressure) 86/40, HR (heart rate) 76, T 89.4, R12. Pupils remains unresponsive at 8:25 am. Resident was transported to the hospital at 8:35 am. APN (Advanced Practice Nurse) and sister notified of transfer. b. Nurses' Progress Notes dated 5/7/2020 documented, Resident remains in hospital. c. On 6/4/2020 at 9:52 a.m., the resident's Power of Attorney (POA) was notified and she stated, She was not notified that the facility planned to discharge the resident. The POA was asked did you receive a letter of notification that the resident would not be able to come back to the facility? She stated, No. He had to stay in the hospital an additional 2-3 weeks, because no one would take him. We finally found a home in (another state) that would take him. He was discharged from the hospital to that facility on 5/20/20. d. On 6/8/2020 at 11:57 a.m., the Administrator was asked if they had accepted the resident back? She stated, No. The Administrator was asked if they had sent a letter to POA that they were discharging the resident. She stated, No. Because he had a sitter, he was on IV (Intravenous) medication ([MEDICATION NAME]), had a feeding tube, and a large [DIAGNOSES REDACTED] hernia, and we felt we could not meet the resident's care needs, due to increase in level of care now.</p>		
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.