

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLE VIEW ESTATES REHABILITATION AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1052 OLD WARREN ROAD MONTICELLO, AR 71655</b>	
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 0657  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interview, the facility failed to ensure the Care Plan was updated to include weight loss and weight loss interventions for 1 (Resident #35) of 1 sampled resident. This failed practice had the potential to affect 54 Residents in the facility with Care Plans according to the Resident Census and Conditions of Residents form dated 3/10/20. The findings are: Resident #35 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/3/20 documented the resident was severely impaired cognitive skills for a Staff Assessment for Mental Status, required total dependence for activities of daily living, and had a feeding tube. a. The Care Plan did not have documentation in reference to the resident's weight loss and new interventions that had been put in place. b. A Nursing Note dated 3/5/2020 at 12:08 p.m. documented, Weight 156.8 lbs (pounds) this week, up 0.2 lbs, will continue current POC (Plan of Care), and weekly weights. c. On 3/10/2020 at 9:54 AM, the weights were as follows: (NAME)2020 - 156.8 lbs, [DATE] - 156.6 lbs, January 2020 - 156.2 lbs, December 2020 - 156.8 lbs. Weight was stable the past 4 months. d. On 3/13/20 at 07:56 AM, the Director of Nursing was asked, Should weight loss and current interventions for the resident's weight loss be included on the Care Plan? She stated, Yes, it should.		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure heels were off loaded in the bed for 1 (Resident #23) of 1 sampled resident. This failed practice had the potential to affect 21 residents who were at risk for pressure sores according to a Residents at Risk for Pressure Injuries list provided by the Director of Nursing (DON) on 3/13/20. The findings are: Resident #23 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 1/17/20 documented the resident scored 14 (13-15 indicates cognitively intact) on a Brief Interview Mental Status. a. The Care Plan documented, . (Resident) is at risk for Impaired Skin Integrity R/T (related to) episodes of incontinence and requiring assistance with bed mobility. Skin will remain intact . Assist to keep skin clean and dry, Encourage and assist as needed with repositioning resident . Provide pressure reducing mattress . b. On 03/12/20 at 9:23 AM, Licensed Practical Nurse (LPN) #1 and Certified Nursing Assistant (CNA) #2 provided wound care to a stage 2 abrasion on the coccyx and sacrum. The resident's heels were not off loaded. c. On [DATE] at 12:08 PM, Resident # 23 was lying in a low bed in room, mat on floor at bedside. The resident' heels were not off-loaded. d. On 3/12/20 at 2:33 PM, CNA #1 was asked, What can you do to prevent pressure areas to a resident's heels when they are in bed? She stated, Turn and reposition them at least every two hours, put boots on and use pillows to off load. e. On 03/12/20 at 2:38 PM CNA #2 was asked, What can you do to prevent pressure areas to a resident's heels when they are in bed? She stated, Use pillows to elevate them. f. On 03/12/20 at 02:40 AM, CNA #3 was asked, What can you do to prevent pressure areas to a resident's heels when they are in bed? She stated, Elevate heels using pillows, and keep the resident turned. g. The Care and Prevention of Pressure Ulcer and Skin Conditions Policy provided by the Administrator on 03/13/20 at 8:41a.m. documented, Purpose: To prevent and treat further breakdown of pressure sore . Prevention of Skin Conditions: Off-load heels with pillows/devices .		
F 0687  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate foot care.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interview the facility failed to ensure toenails were trimmed for 1 Resident #23 of 25 sampled residents. This failed practice had the potential to affect 13 residents who were dependent for diabetic nail care according to a Diabetic Residents Dependent for Nail Care list provided by the Director of Nursing (DON) on 3/13/20. The findings are: Resident #23 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/17/20 documented the resident scored 14 (13-15) indicates cognitively intact on a Brief Interview Mental Status, required limited assistance of 2 persons with activities of daily living. a. The Plan of Care documented, . Keep nails trimmed/filed to minimize jagged edges . Provide pressure reducing mattress . b. On 03/12/20 at 9:23am, the resident's left great toenail extended over the end of the toe and was greater than 1/4 inch long. The second left toenail was long and sharp and touched the great toe's inner side due to the resident's second toe crossing over and touching the inner side of the resident's left great toe and there was no padding between the toes to prevent pressure on the other. c. On 03/12/20 at 2:10 PM, Licensed Practical Nurse (LPN) #1 was asked, Who trims the resident's toe nails? She stated, The nurse or Podiatrist will do this resident because he is Diabetic. She was asked, Do you think this resident's toenails need cutting? She stated, Yes, I will call Hospice and let them know. d. The Nails, Care of (Finger and Toe) policy provided by the Administrator on 03/13/20 at 8:41a.m. documented, . Procedure: Trim and clean nails file smoothly . NOTE: Toenails of Diabetic residents are to be cut by the Podiatrist or licensed nurse .		
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.