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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045158 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/06/2020 |
| NAME OF PROVIDER OF SUPPLIER SOMERSET SENIOR LIVING AT SEVEN SPRINGS | | STREET ADDRESS, CITY, STATE, ZIP 1040 WEDDING FORD ROAD HEBER SPRINGS, AR 72543 | |
| 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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Surveyor: [NAME] Complaint # (AR 306) was substantiated, all or in part, with these findings: Based on record review and interview, the facility failed to develop and implement a comprehensive person-centered Care Plan that included the resident's medical and nursing needs, as evidenced by failure to obtain the results from a swallow study in order to update the Plan of Care for 1 (Resident #1) of 2 (Residents #1 and #2) case mix residents who had a [DIAGNOSES REDACTED]. This failed practice had the potential to affect 11 residents who had a [DIAGNOSES REDACTED]. #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/6/19 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS), required extensive assistance from one person for eating, and had no swallowing disorder. a. The Plan of Care with a revised date of 12/11/19 documented, .Focus . Date initiated . 3/5/19 . I am risk for nutritional deficits r/t (related to) obesity AEB (as evidenced by) . Dysphagia, mechanically altered diet and therapeutic diet . I am edentulous on my upper palate and am missing several teeth to my bottom plate . My ADL (activities of daily living) of eating has recently declined and I now require extensive assistance of 1 . Interventions . Date initiated . 9/13/19 . I am to sit at the assist feeding table for all meals . I require extensive assist of 1 with meals and hydration . b. The Speech Pathology Consult dated 1/21/2020 documented, . Patient is a 72 y/o (year old) male who lives in a CNH (certified nursing home) with reported pocketing behavior . Imaging . Thin liquid, nectar thick liquid, pureed and solid consistencies . Oral stage . Limited dentition but able to masticate consistencies presented today when given extra time for chewing . Pharyngeal Stage . No penetration or aspiration noted with pureed or solid consistencies . Patient presents with swallow function that is judged to be safe for a mechanical consistency diet with nectar thick liquids, taking small sips of nectar thick liquid at a time . Swallowing is safe with minimal diet restriction and / or occasionally requires minimal cueing to use compensatory strategies . May occasionally self-cue . Recommend mechanical consistency diet with nectar thick liquids . Patient must sit straight upright for all PO (by mouth) intake . Recommend small sips of nectar thick liquids only . Patient will likely need assistance maintaining appropriate bolus size . c. A Progress Note dated 1/22/2020 and signed by the Advanced Practice Registered Nurse (APRN) documented, . Today's visit is medically necessary because the SNF (skilled nursing facility) staff asked me to see patient for follow-up on his swallow study. They do not have an actual report, but just told the transport to make sure he has liquids with meals. Will get report from the (Hospital / Physician) . d. A Nurse's Note dated 2/1/2020 at 12:04 a.m. documented, . Resident was not swallowing meds (medications) so I gave him a small drink of nectar thickened liquids and at this time it was noted that he was pocketing pudding and liquid and would not swallow with prompting / cueing or by tactile stimulation . e. As of 3/4/2020 at 9:00 p.m., the facility had not obtained the results of the Speech Pathology Consult that had been completed on 1/21/2020. As of 3/4/2020 at 9:00 p.m., the Plan of Care had not been updated to include the interventions of sitting upright for all PO (by mouth) intake, to take only small sips of nectar thickened liquids and to assist the resident with appropriate bolus size. f. On 3/4/2020 at 9:19 p.m., Certified Nursing Assistant (CNA) #1 was asked if he had ever given (Resident #1) his bedtime snack before. He stated, Yes. He was asked to explain what happened the last time he fed (Resident #1) his bedtime snack. He stated, That evening we were passing snacks out as normal. I raised his head up to a 65-degree angle and I gave him the sandwich and he took a few bites out of it and didn't have any obvious problems. I gave him a drink of his thickened water. He drank about a quarter of it. He still showed no signs of choking. I asked him if he was ok and he said yes. He could say yes and no. I went out and checked a light that was going off and came back to him about 10 minutes later and he was fine. He was awake and sitting up still. I asked him if he was done and he said yes, so I threw the rest of his sandwich away and gave him another drink of his water. He was still fine. I asked him if he needed anything else, and he said no. I lowered his head back down to 35 to 45 degrees so he could sleep, and I left the room. He was asked what the resident got to eat for his bedtime snack. He stated, A peanut butter sandwich. It was normal for him to eat one every night before bed. CNA #1 was asked if he (the resident) could feed himself. He stated, If you encourage him, he can. He was asked if any other staff was in the room while the resident was eating. He stated, No. He was asked if the resident had a habit of pocketing food. He stated, I don't know, but I made sure his mouth was clear before I left the room. He was asked if he was aware the resident was to take only small sips of his nectar thick liquid and that he was supposed to be monitored to ensure he consumed the appropriate bolus sizes. He stated, No. He was asked how he ensured the resident's mouth was clear before he left the room. He stated, I popped gloves on and had him open his mouth up to make sure the sides of his cheeks were clear. I just wanted to make sure he had gotten everything swallowed. g. On 3/6/2020 at 1:00 p.m., the Director of Nursing (DON) was asked why the facility had failed to obtain the Speech Therapy Consult notes in order to update the Plan of Care for the resident. She stated, Normally when someone goes out to an appointment, we provide a Progress Note and the therapist or physician sends us back a written Progress Note with instructions or new orders. We receive that and we follow those recommendations. She was asked what the facility was planning on doing in the future to ensure results are obtained in a timely manner. She stated, One of the management team nurses will call the provider on the following business day and request any additional records that were not sent back with the resident and make sure we have a full report in a timely manner.</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.