PRINTED: 02/19/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILD			С
		045417	B. WING	9	02/0	8/2013
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Note: The CMS-2567	7 (Statement of Deficiencies)	F 0	000		
	is an official, legal dor remain unchanged ex correction, correction space. Any discrepan citation(s) will be repo Office (RO) for referra Inspector General (Of information is inadver	cument. All information must accept for entering the plan of dates, and the signature cy in the original deficiency orted to the Dallas Regional at to the Office of the IG) for possible fraud. If tently changed by the State Survey Agency (SA)				
F 225 SS=E	part) with deficiencies and F490 483.13(c)(1)(ii)-(iii), (c	PRT	F 2	225		
	been found guilty of a mistreating residents had a finding entered registry concerning at of residents or misapp and report any knowle court of law against a indicate unfitness for	employ individuals who have busing, neglecting, or by a court of law; or have into the State nurse aide buse, neglect, mistreatment propriation of their property; edge it has of actions by a n employee, which would service as a nurse aide or ne State nurse aide registry s.				
ADODITOR	involving mistreatmer including injuries of un misappropriation of re immediately to the ad			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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIP _DING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		045417	B. WIN	G			C 8/2013	
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE CAYETTEVILLE, AR 72703	02/00	0/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 225	to other officials in acc through established p State survey and cert The facility must have violations are thoroug prevent further potent investigation is in proc The results of all inve to the administrator or representative and to with State law (includicertification agency) v incident, and if the all-	cordance with State law rocedures (including to the ification agency). e evidence that all alleged hly investigated, and must ial abuse while the gress.	F	225				
	by: Complaint # 18093 w part) in these findings Based on record revie failed to ensure an all staff member (LPN#1 investigated, resident investigation, and the the Office of Long Ter next business day in a for 1 of 1 (Residents a was the subject of an failed practice had the residents in the facility	ew, and interview, the facility egation of neglect against 1) was thoroughly s were protected during the allegation was reported to m Care by 11:00 a.m. the accordance with state law # 5) case mix residents who allegation of neglect. This e potential to affect 50 y who had a change of according to the listing						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTII _DIN:	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER		<u> </u>	1	REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/00	0/2013
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F 225	The findings are: Resident # 5 was adn 12/28/12 with diagnos Fibrillation, and Cong Admission Minimum II. Assessment Reference documented the residindicates moderately. Interview for Mental Supervision with ambound a. A facility form titled "Date of Concern: 1/1 Voicing Concerns: [O 1]. Title: OT. Nature of entered room at [approposition of the concern of the con	nitted to the facility on ses of Dementia, Atrial estive Heart Failure. The Data Set (MDS) with an see Date (ARD) of 1/4/13 lent scored 9 (8 - 12 impaired) on the Brief	F	225			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		045417	B. WIN				0
	COVIDER OR SUPPLIER	L		1	REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/08	8/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 225	a.m. to check on [pati very shallow breathin congested sounds. I a by shaking him on [rig response It appear trouble, so I ran to ha nurses station [and] I big trouble, you need follow me this time intattempted to arouse [name, name]' and shanoted 1 breath taken chest movement as [r[LPN # 1] was also sa asked [LPN # 1] what [r] need [r] (Register immediately left room # 1] on opposite hall [needed his help. He with the stated '[It] approne'. I then left room begin writing stateme happened. [OT Super by so I asked her to sher what happened. Administra Supervisor # 1] [and] exactly what had hap b. The Nurse's Notes a.m., signed by Regis Supervisor # 1, docur [respiratory/cardiac and signed signed by Regis Supervisor # 1, docur [respiratory/cardiac and signed s	ent]. I immediately noticed g [with] [patient] and attempted to wake [patient] ght] shoulder [without] any ed that [patient] was in Ilway. [LPN # 1] was at the stated, '[LPN # 1], he is in to come now'. She did to [patient] room. I then patient] by saying '[name, aking his [right] shoulder. I by [patient] [and] then [no] patient] stopped breathing. Anying '[name, name]'. I then it I could do to help. She said ared Nurse) Supervisor # 1]. I and found [RN Supervisor and] told him that [LPN # 1] went straight to [Resident # ared room and saw [Resident # ared room and saw [Resident # and went to 5th floor to not of events that had arvisor # 1] happened to walk it down [and] explained to We then decided at that time strator to explain what had altor did meet [with] [OT I, [and] I was able to explain pened." dated 1/15/13 at 11:50 stered Nurse (RN) mented, "[Resident] event rrest] pupils fixed, [non ath sounds], [no] pulse	F	225			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI				C
		045417	B. WIN	G		02/0	8/2013
	OVIDER OR SUPPLIER			112	ET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE YETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	On 2/11/13 at 2:40 p.i asked if he remember Supervisor # 1 stated was asked, "Can you involved with him on the Supervisor # 1 stated me when I was in the She said she felt like were low and level of decreased. She said reported a condition of check him. As I walked breathing." c. The OLTC [Office of and Accident Report of dated 2/5/13 docume Submitted [if known] 2 [and] Time of Discove Staff Reporting I [and (DON)]. title: DON 11:30 a.m Name of Status of Alleged Perj Type of Incident: N Family, Doctor Adn Incident: On 1/15/13 a.m. Occupational Thresidents room for trein bed with eyes close stimuli by opening eye OT went to charge nu office eating lunch an was doing. Charge in doing OK, he had bee shower. OT conveyed the resident was not [did, and that he sound involved the sound of t	m., RN Supervisor # 1 was red [Resident # 5]. RN "Yes." RN Supervisor # 1 tell me how you got he day he died?" RN , "[LPN # 1] came and got hallway on the 6th floor. the resident's vital signs consciousness was [OT # 1] had come and thange and I needed to d in [Resident # 5] stopped of Long Term Care] Incident [I & A) form DMS 7734	F	225			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		045417	B. WING	j	02	/08/2013	
	OVIDER OR SUPPLIER	ME		STREET ADDRESS, CITY, STATE, ZIP CODI 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) (CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 225	Assistant] and ask resident. Vital sign to the OT and chard did not respond so a pulse ox [oximet resident's room at noticed shallow broot then approach stated 'you need to entered the room a [Registered Nurse trying to get a respone deep breath a breaths or chest massess resident ar of the absence of DNR [Do Not Rest [Cardiopulmonary Steps Taken to Pre Neglect During the was began due to charge nurse did revoiced a change of statements were of Investigation will committed a commented of the co	age 5 a CNA [Certified Nurses ed her to get vital signs on the s were obtained and reported rge nurse. Charge nurse still o OT then asked the CNA to get ry], OT then reentered the [approximately] 11:45 a.m. and eathing from the resident, the ed the charge nurse again and o come now' charge nurse and asked the OT to get the RN] supervisor. As they were conse from the resident he took and then there were no more and notified the Medical Director wital signs. Resident was a suscitate] so no CPR Resuscitation] was performed. event Continued Abuse or a Investigation: Investigation concern from therapist that not appear concerned when he of condition to her. Witness abtained, interviews conducted. continue. RN supervisor will rese performance." The fax of that this fax was sent on to a 10:08 a.m., not 2/5/13. 16 a.m., OT # 1 was asked, an 1/15/13 with [Resident # 5], a by calling his name and he usually woke right up, so I left to the office on the 6th floor by a I told [LPN # 1], she was just I asked her how [Resident # 5]	F 2	225			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		045417	B. WIN	G		02/08	B/ 2013
	ROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 225	was doing and she sabreakfast and I said Clook right and was not breathing was not right grabbed a CNA and a OT # 1 was asked "Dowas?" OT # 1 stated, went to [Resident # 5" sat down at the nursing resident as the CNA weare back out and say said what were they. It was a	aid he was fine he'd been to DK and told her he didn't the responding and his ant. She didn't do anything. It isked them to do vital signs." To you recall who the CNA "No. The CNA got stuff and signs and got vital signs. It is got attention with another went into the room. She aid they were really low and I she told me and they are in She took the vital signs to by the nursing station. The PN # 1] was still sitting there is to check O2 [oxygen] level is they were 90. At that point I to [Resident # 5's] room. The properties of the was not in trouble. I went back to a med cart and told her she cause he was in trouble. I was really upset with this. For and grabbed a sheet of ting. My boss came by and I sed and she said lets talk with ent down and talked with 15 minutes of this." OT # 1 days later [Administrator] in statement and I put it on	F	225			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUF	
		045417	B. WIN	G			B/ 2013
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/0	5/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 225	e. A sheet of paper da # 1, documented, "Or asked get [Resident # got them and his blood I told the nurse, [LPN office eating. She said morning during break [Resident # 5's] passi worry about doing the do then as well. This worry about doing the dothen as well. This worry about doing the walked him on to bed Therapy] or OT came [Resident # 5's] vital serially low." CNA # 1 va pulse and respiration and they were low too "How was the resident the vital signs?" CNA was short of breath at he normally did." CNA was short of breath at he normally did." CNA took the vital signs, diher what the resident "Yes, she said his bloher he wasn't breathin # 1 was asked, "What her about the residen acting right?" CNA # that his vital signs we concerned. She didn't	ated 1/18/13, signed by CNA a January 15, 2013, I was 5 5's] vitals by the therapist. I d pressure was very low so # 1]. She was in the nurses of his vitals were low that fast about 2 hours before ang. She also told me not [to] is vitals and that she would was before breakfast." The many CNA # 1 was asked, the day [Resident # 5] died?" In # 1] told me she was going day and not to worry about that from the dining room to to stop and sit down. He sat down for a little then I and they were was asked, "Did you also get the end asked me to get signs. I did and they were was asked, "Did you also get the end he wouldn't wake up like the end he wouldn't wake	F	225			

Facility ID: 0876

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL				С
		045417	B. WIN	3		02/0	8/2013
	OVIDER OR SUPPLIER	E		1125 N	ADDRESS, CITY, STATE, ZIP CODE NORTH COLLEGE TTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 225	"Did you tell anyone problems?" CNA #1 else to tell." CNA #1 had you ever had thi responding to you co CNA #1 stated, "Yes get a second I'll com attentive." CNA #1 wanyone about your co #1 stated, "Not [RN S Nursing (DON)] but I aides." CNA #1 was the other LPNs about 1]?" CNA #1 stated, "What does the '4' m name for today?" CNA #1 was asked, before today about lewhen a nurse does resident's condition of "No."	e 8 else about the resident's stated, "I didn't see anyone was asked, "With [LPN #1], is concern before with her not oncerns about the residents?", she usually say 'Whenever I e.' She was never very as asked, "Did you tell oncerns with [LPN # 1]? CNA Supervisor # 1] or [Director of did talk with the other asked, "Did you tell any of t your concerns with [LPN # "No." CNA #1 was asked, ean on the schedule by your IA # 1 stated, "That's section Inumber]. I'm working that at is where I always work." 'Did anyone talk with you etting someone else know not respond to you about a change?" CNA # 1 stated,	F	225			
	LPN # 1, documente [Resident # 5's] [bloomarcotics with the 11 7:00 a.m. He was ale the dining room for b 8:00 a.m. medication denied pain/discomfor	d, "I had personally taken of pressure] after counting :00 p.m. to 7:00 a.m. shift at ert and getting ready to go to reakfast. I administered his in the dining room [and] he ort. He was taken back to his					
	after the OT stated [I as alert, no urgency check his [blood presoximetry] - which we	ely 8:30 a.m. Some time Resident # 5] did not seem in his speech. I had a CNA ssure] [and] SpO2 [pulse re within normal limits for and] appeared to be sleeping					

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			B. WIN				С
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	ROVIDER OR SUPPLIER VILLE VETERANS HOME			11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	when I entered the roa.m. medication. I had to examine him and h accessing [assessing] Around 10:45 a.m. the # 5's] room [and] I ent # 5's] room [and] room	om to give his room a 10:00 d asked the RN Supervisor e replied he would after the new admission. e OT call out from [Resident tered to find him expired." m., RN Supervisor #1 was it was [LPN # 1] who came ?" RN Supervisor #1 stated, I never saw that [OT #1] #1 was asked, "Had any of cerns with [LPN #1] not ncerns about residents?" ated, "Seems to me a CNA	F	2225			

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	OVIDER OR SUPPLIER		·	1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
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F 225	other staff regarding I reported resident con the Administrator with There was no assess 1/15/13 for possible u condition changes prowith the DMS 7734 or documented interview response to condition Administrator with the h. On 2/8/13 at 9:00 a worked on the 6th floory year being on the 7:00 LPN # 2 was asked, "much?" LPN # 2 state work every week, I wo for me and the other I "Any concerns with [L resident condition char "No. I did have CNAs that she did not respon to [RN Supervisor communication barries something and she'd care of it but never go the concern to let their right away." i. On 2/8/13 at 9:18 at "Ever work with [LPN "Yes." CNA #2 was as # 1] that a resident has have concerns that she #2 stated, "Yes, about	umented statements from LPN # 1's response to dition changes provided by the DMS 7734 on 2/8/13. ment of other residents on nreported/unrecognized ovided by the Administrator in 2/8/13. There were no is with residents regarding changes provided by the DMS 7734 on 2/8/13. I.m., LPN # 2 stated she had or for 1 1/2 years with last in a.m. to 3:00 p.m. shift. Do you work with [LPN # 1] and, "Two of the four days I borked with her. She relieved LPN." LPN # 2 was asked, PN # 1] not responding to langes?" LPN # 2 stated, come to me with concerns and to them. I passed those if all. What I saw was a r. A CNA would tell her say OK, then would go take to back to the CNA who had me know and she didn't go m., CNA #2 was asked, # 1]?" CNA # 2 stated, sked, "Did you ever tell [LPN and a condition change and the didn't do anything?" CNA at one month ago I told her listened to me. I told [RN]	F	225			

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F 225	"Has any staff member resident's condition of to?" The DON stated DON was asked, "Wh stated, "1/15/13." The was the resident?" The J." The DON was as therapist concern?." concern went from the who told me of the Oasked, "What was the stated, "That he'd gor for therapy and the rehe went to the charge nursing office eating I to assess [Resident # asked the CNA to get 5]. The CNA got the what it was. The OT a nurse know and then a pulse ox and she sago back and get a pul asked, "Who was the "[CNA # 1]. She got a told him and she told the nurse still did not needs. He was there room and now [Resid breathing and that po and he told [LPN # 1] and then [LPN # 1] wasked 'What can I do get [RN Supervisor # 1] got there, the resid was asked, "This was	a.m., the DON was asked, er reported a concern with a hange not being responded of the property of the propert	F	225			

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F 225	DON was asked, "When therapist was alleging [LPN # 1] was not resafter we did our invest the possibility of negle "When did you come DON stated, "That aff [name], Administrator all of this. [Administrator all of this. I breviewed the chart. We asked [CNA # 1] and [CNA # 1] and [CNA # 1] stated [Resident # to breakfast and back the shower he ambulanap. Then after that the signs and all of that. I blood pressures tende been running low." The next?" he DON state [LPN # 1] and [CNA # 1] she said it asked for vital signs. [LPN # 1] the second time the Course in her statement she'd asked [RN Supassessment on [Reside conflicting stories betwee talked with [CNA # 1] was and who ask stated [LPN # 1] in the	at did you think the ?" The DON stated, "That ponding to his concern, tigation then we identified ect." The DON was asked, to this conclusion?" The ernoon [1/15/13], when got with me. We went over tor] and I talked with the ment from the CNA and then write out a statement. I de didn't get the statements attement from [OT # 1], [LPN I have to look at the en they were turned into us. # 1] and [CNA # 1]. [CNA # 5] had gotten up and walked and he got a shower. After atted back to the room for a ne OT asked her for vital in reviewing his chart his ed to run low and they had lie DON was asked, "What d, "We did interviews with 1]. When we talked with was [OT # 1], the OT who When we interviewed [LPN asked for the CNA to get stated she was in the hall of came to her. She also t that between those times ervisor # 1] to do an	F	225			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	ROVIDER OR SUPPLIER			11	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE CAYETTEVILLE, AR 72703		572010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	their statements. The investigating. [LPN # was not urgent. To he urgency and that's wh resident. In the mean and forth and talked who Department of Veteral disciplinary counseling proceeded on with disinvestigation from the [OLTC] and because disciplinary action it real that or 5th of February. "Did you identify then neglect?" The DON saying [LPN # 1] didn't The DON was asked, respond timely to a rewhat happens?" The continue to decline." "Failure to respond timely to a rewhat happens?" The continue to decline." "Why not report this to stated, "We were gett conflicting stories." The did you do with [LPN stated, "We got her si work." The DON was monitoring [LPN # 1]? Supervisor was doing Supervisor # 1] and in DON was asked, "Ho DON stated, "No, I try [RN Supervisor # 1] is back and forth." The I being on 6th and water	e DON stated, "After we got n we went back and started 1] stated [OT # 1's] voice or [OT # 1] did not convey ny she didn't go check the time we batted this back with the Little Rock Arkansas on's Affairs on doing g with [LPN # 1]. So we sciplinary action pending of Office of Long Term Care that had been her third esulted in termination of the or." The DON was asked, that the OT was alleging tated, "No, I felt he was 't respond timely enough."	F	2225			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) M		PLE CONSTRUCTION	(X3) DATE SUF	RVEY
	CORRECTION	IDENTIFICATION NUMBER:	' '			COMPLET	
			A. BUI	LDING		"	c
		045417	B. WIN	IG	<u>-</u>		8/2013
NAME OF PR	OVIDER OR SUPPLIER	1	I	STR	REET ADDRESS, CITY, STATE, ZIP CODE	, 02,0	
		_		l	125 NORTH COLLEGE		
FAYETTE\	ILLE VETERANS HOME	=		F	AYETTEVILLE, AR 72703		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	ION	(X5)
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IAG	NESSEM SIN SIN		IAC		DEFICIENCY)		
F 225	Continued From page	e 14	F	225			
		, "Did you go in and assess					
		residents?" The DON					
		" The DON was asked, "How					
	_	[LPN # 1] wasn't responding					
		ion change if you didn't go in					
		nts of hers?" The DON					
		. I check the 24 hours report when I go home" The					
		ho does reportable to OLTC,					
		?" The DON stated, "Both of					
		did this one. We waited on					
		s stories." The DON was					
	· -	orior to this from staff that					
		sponding to their reports of					
	resident condition cha	anges?" The DON stated,					
	"None brought to my	attention." The DON was					
		ervisor #1] ever share					
		as telling him that [LPN # 1]					
		o staff concerns?" The DON					
		neard any complaints on that					
		e DON was asked, "Is this					
		te now?" The DON stated, one and there was the					
		pending the investigation					
		N was asked, "Was [LPN #					
	1] terminated due to	·					
	_	OON stated, "No, it was her					
	3rd disciplinary action						
	termination no matter	r the outcome." The DON					
	was asked, "What wa	as it [disciplinary action] for?"					
		ne didn't document on the					
	resident."						
	k. On 2/8/13 at 10:55	a.m., the Administrator was					
		T # 1] report his concerns to					
		ent # 5]?" The Administrator					
		15/13." The Administrator					
	was asked, "What did	d you think his concern					
			1		I .		1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SUF COMPLET	
		045417	B. WIN	IG			C 8/2013
	OVIDER OR SUPPLIER		•	11:	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	was?" The Administrar response on the part Administrator was asl response in this case "It could be neglect." asked, "Did you go as [LPN # 1's] other resid Administrator stated, asked, "Did you get a other staff regarding condition changes no Administrator stated, asked, "Did you ques concerns with condition identified or treated?" "No." The Administratin-services with staff changes since 1/15/1 stated, "No." The Administratin-services with staff changes since 1/15/1 stated, "No." The Administratin-services with staff changes since 1/15/1 stated, "No." The Administratin-services with staff changes since 1/15/1 stated, "No." The Administrator stated, "She worked uterminated." The Administrator stated and waiting on an invive took action." 1) The Weekly Time through February 4, 2 Director of Nursing or documented LPN # 1 3:30 p.m. on 1/15/13, 1/23/13, 1/26/13, 1/27/21/13, 2/2/13, 2/3/13	attor stated, "A lack of of the LPN." The sted, "What is the lack of ?" The Administrator stated, The Administrator was seess or have others assess dents on 1/15/13?" The "No." The Administrator was my staff statements from the concerns with reported to being responded to?" The "No." The Administrator was tion residents if they had on changes not being The Administrator stated, or was asked, "Any on reporting condition 3?" The Administrator ministrator was asked, "What PN # 1]?" The Administrator until 2/6/13. She was sinistrator was asked, "Any orted to OLTC sooner?" ted, "We were investigating testigation by OLTC before Sheets from January 15 on 13 receved from the 2/11/13 at 4:06 p.m. worked from 6:30 a.m. until 1/16/13, 1/17/13, 1/22/13, 1/13, 1/28/13, 1/29/13, and 2/4/13.	F	225			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JITIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		045417	B. WIN			С	
NAME OF PR	OVIDER OR SUPPLIER	045417		STREET ADDRESS, CITY, STATE, ZIP CODE	02/0	08/2013	
FAYETTE	ILLE VETERANS HOME	:		1125 NORTH COLLEGE FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COI X (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
F 225	are being place on Ad Pay, effective immedian investigation of the (OLTC) regarding posineglect on January 19 outcome of the invest the subject incident with because you have be progressive disciplinatermination" I. On 2/8/13 at 6:30 p. Nurse, the DON, and asked, "Any in-service reporting change of c. Quality Assurance Nurse, the Administrator all state Assurance Nurse, the Administrator were as # 1] about reporting/residents change of c. "No, only about not de 483.13(c) DEVELOP/ABUSE/NEGLECT, E. The facility must deve policies and procedur mistreatment, neglect and misappropriation." This REQUIREMENT by:	Leave Without Pay. You diministrative Leave Without ately, pending the results of e Office of Long Term Care sable resident abuse or 5, 2013. Regardless of the ligation, your performance in ras substandard, and en the subject of lary actions, will lead to your leaves with staff regarding ondition since 1/15/13?" The larse, the DON, and the lard, "No." The Quality DON, and the lard, "Did you talk with [LPN esponding to reports of a condition?" The DON stated, commenting." IMPLMENT ITC POLICIES Belop and implement written less that prohibit larged, and abuse of residents of resident property.		226			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	JLTIPLE CONSTRUCTION	(X3) DATE S COMPL	
		045417		G	02	C / 08/2013
	ROVIDER OR SUPPLIER	E		STREET ADDRESS, CITY, STATE, ZIP CO 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 226	failed to ensure the property may occur. Suspected of abuse, of resident property, Nursing/RN on duty immediate investigated to ensure an a staff member (LPN investigated, resident investigation, and the the Office of Long Tenext business day in for 1 of 1 (Residents was the subject of an failed practice had the residents in the facility condition since 1/1/1 received from the Addition to the findings are: 1. The facility's policy Mistreatment, Injuried Misappropriation of Procedure' document allegation of mistreat will be reported as relaw 4. Prevention protection: The Adm Nursing/RN [Register identify, intervene an abuse, neglect or mi property may occur. suspected of abuse, of resident property, Nursing/RN on duty immediate investigat completing an invest employee who susper immediately notify the	iew, and interview the facility policies and procedures lenced by the facility's allegation of neglect against	F2	226		

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	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUR COMPLETI	
		045417	B. WIN	G			B/ 2013
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/00	0/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 226	must notify the state a enforcement agency at The Administrator of 0 7734 and fax to [fax in 11:00 a.m. the next be Investigation: The Administrator of 0 1:00 a.m. the next be Investigation: The Administrator of 0 1:00 a.m. the next be Investigation: The Administrator of 0 1:00 a.m. the next be Investigation: The investigation includes perpetrator, other empresident who might have alleged incident 7 Appropriate steps must opervent recurrence 2. Resident # 5 was a 12/28/12 with diagnose Fibrillation, and Cong Admission Minimum In Assessment Reference documented the residindicates moderately Interview for Mental Supervision with ambiguate of Concern: 1/1 Voicing Concerns: [O 1]. Title: OT. Nature of entered room at [appropriate of the concern of the propriate of the	agency and the local law as required by stated law. designee will complete form number] or [fax number] by usiness day 6. ministrators/Director of I conduct all investigations ews and results of the restigation includes of the investigations. The interviews of the alleged ployees or visitors or any ave knowledge of the Y. Corrective Actions: at be determined and taken of the incident". Idmitted to the facility on sees of Dementia, Atrial estive Heart Failure. The Data Set (MDS) with an one Date (ARD) of 1/4/13 dent scored 9 (8 - 12 dimpaired) on the Brief	F	226			

Facility ID: 0876

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETI	
		045417	B. WIN	G			C 8/2013
	ROVIDER OR SUPPLIER			11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 226	for breakfast earlier. I [Resident # 5] was not normally does, that he [and] something is wron [Resident # 5] at the [Certified Nursing Assisted, 'They are real room. I asked what it she proceeded to nur was still no response to check [oxygen] lever As she came out of rot then went back into rotal. It also shaking him on [riging response It appears trouble, so I ran to ha nurses station [and] I big trouble, you need follow me this time into attempted to arouse [name, name]' and shanoted 1 breath taken chest movement as [ILPN # 1] what [I] need [RN (Register immediately left room # 1] on opposite hall [needed his help. He with 5's] room. As he enter # 5] he stated '[It] appears to provide the stated '[It] appears to provide the stated '[It] appears to shake the shake t	ing OK [and] had been up [OT] explained to her that it responding to me like he e sounds very congested ong. Nurse did not go check his time. I then found a CNA istant] and requested that She did so right away. CNA y low' upon leaving [patient] was, she stated 84/47, as se office to tell nurse. There from nurse so I asked CNA el, which she did right away. com she stated 'It's 90'. I com at [approximately] 11:45 ent]. I immediately noticed g [with] [patient] and attempted to wake [patient] ght] shoulder [without] any led that [patient] was in Illway. [LPN # 1] was at the stated, '[LPN # 1], he is in to come now'. She did to [patient] room. I then patient] by saying '[name, aking his [right] shoulder. I by [patient] [and] then [no] catient] stopped breathing. Tying '[name, name]'. I then I could do to help. She said red Nurse) Supervisor # 1]. I and found [RN Supervisor and] told him that [LPN # 1] vent straight to [Resident # red room and saw [Resident ears that [Resident # 5] is and went to 5th floor to	F	2226			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		045417	B. WIN	G			C 8/2013
	OVIDER OR SUPPLIER		·	1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	52 70	<i>3.</i> 2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 226	by so I asked her to sher what happened. We to meet [with] Administ happened. Administra Supervisor # 1] [and] exactly what had hap b. The Nurse's Notes a.m., signed by Regis Supervisor # 1, docur [respiratory/cardiac arresponsive], [no] [breaters of the property of the	rvisor # 1] happened to walk it down [and] explained to We then decided at that time strator to explain what had altor did meet [with] [OT I, [and] I was able to explain pened." dated 1/15/13 at 11:50 tered Nurse (RN) mented, "[Resident] event rest] pupils fixed, [non alth sounds], [no] pulse 11:50 a.m." m., RN Supervisor # 1 was red [Resident # 5]. RN "Yes." RN Supervisor # 1 tell me how you got the day he died?" RN , "[LPN # 1] came and got hallway on the 6th floor. the resident's vital signs consciousness was [OT # 1] had come and thange and I needed to din [Resident # 5] stopped of Long Term Care] Incident [1 & A) form DMS 7734	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUR COMPLETI	
		045417	B. WIN	G			C 8/2013
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 226	Family, Doctor Adn Incident: On 1/15/13 a a.m. Occupational Thresidents room for trein bed with eyes close stimuli by opening eye OT went to charge nu office eating lunch an was doing. Charge nu doing OK, he had bee shower. OT conveyed the resident was not [did, and that he sound nurse did no go to then approached a Cl Assistant] and asked resident. Vital signs we to the OT and charge did not respond so O a pulse ox [oximetry], resident's room at [approached stated 'you need to contered the room and [Registered Nurse] su trying to get a responsione deep breath and breaths or chest move assess resident and rof the absence of vita DNR [Do Not Resusc [Cardiopulmonary Re Steps Taken to Preve Neglect During the Inwas began due to cor	eglect Notifications: ninistrator Summary of at [approximately] 11:30 erapist [OT] entered the atment, resident was lying ed. Responded to verbal es only, no verbal response. The who was in [the] nurse d asked how the resident urse stated that he was en up for breakfast and a d to the charge nurse that tresponding] as he normally ded congested. Charge check on the resident. OT NA [Certified Nurses her to get vital signs on the trere obtained and reported nurse. Charge nurse still If then asked the CNA to get OT then reentered the proximately] 11:45 a.m. and hing from the resident, the the charge nurse again and ome now' charge nurse asked the OT to get the RN upervisor. As they were see from the resident he took then there were no more ements. RN supervisor notified the Medical Director I signs. Resident was a	F	226			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LTIPLE CONSTRUCTION	ON	(X3) DATE SUF COMPLET	
			A. BUIL				С
		045417	B. WING	<u> </u>			8/2013
	ROVIDER OR SUPPLIER	E	·	STREET ADDRESS, C 1125 NORTH COL FAYETTEVILLE,			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH	ROVIDER'S PLAN OF CORREC H CORRECTIVE ACTION SHO -REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 226	voiced a change of statements were obdestatements were obdestatements were obdestatements were obdestatements were obdestatements were obdestatements were obdestatement of the condition of the	condition to her. Witness rained, interviews conducted. Intinue. RN supervisor will be performance." The fax that this fax was sent on to 0:08 a.m., not 2/5/13. a.m., OT # 1 was asked, 1/15/13 with [Resident # 5]?" Intinto see [Resident # 5], by calling his name and he sually woke right up, so I left to the office on the 6th floor by 1 told [LPN # 1], she was just asked her how [Resident # 5] arid he was fine he'd been to OK and told her he didn't tot responding and his ght. She didn't do anything. I asked them to do vital signs." Do you recall who the CNA 1, "No. The CNA got stuff and 5's] room and got vital signs. I sing station with another went into the room. She said they were really low and I. She told me and they are in t. She took the vital signs to be by the nursing station. The LPN # 1] was still sitting there A] to check O2 [oxygen] level in the office eating lunch. I then the fice eating lunch is the first and told her she the first and told her she the first and the	F2	226			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		045417	B. WIN	G		02/08	B/ 2013
	ROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	32	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 226	had to get in there be We went in and [Resishe sent me for [RN S [RN Supervisor # 1] or resident had passed. I went down to 5th flopaper and started writtold her what happend [Administrator]. We we [Administrator] within was asked, "What hapstated, "Two or three asked me for a written her form and gave it to the end of the end o	cause he was in trouble. dent # 5] was gasping and Supervisor # 1] the RN and ame right away and the I was really upset with this. or and grabbed a sheet of ting. My boss came by and I ed and she said lets talk with ent down and talked with 15 minutes of this." OT # 1 opened after that?" OT # 1 days later [Administrator] in statement and I put it on	F	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL			(С
		045417	B. WIN	G		02/0	8/2013
	OVIDER OR SUPPLIER			11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 226	and they were low too "How was the resider the vital signs?" CNA was short of breath at he normally did." CNA took the vital signs, di her what the resident "Yes, she said his blo her he wasn't breathin # 1 was asked, "What her about the residen acting right?" CNA # that his vital signs we concerned. She didn't thought she should ha "Did you tell anyone of problems?" CNA #1 selse to tell." CNA #1 shad you ever had this responding to you cor CNA #1 stated, "Yes, get a second I'll come attentive." CNA #1 wa anyone about your co #1 stated, "Not [RN S Nursing (DON)] but I aides." CNA # 1 was the other LPNs about 1]?" CNA #1 stated, "What does the '4' me name for today?" CNA 4, rooms [number] to section today and tha CNA #1 was asked," before today about le when a nurse does no	o." CNA # 1 was asked, at breathing when you did # 1 stated, "Heavy, like he and he wouldn't wake up like A # 1 was asked, "After you do you tell [LPN # 1] and tell was like?" CNA # 1 stated, od pressure was low. I told any right or acting right." CNA at did she say when you told to not breathing right or 1 stated, "She said, 'OK," are low that a.m. She wasn't to come check him like I ave." CNA #1 was asked, else about the resident's tated, "I didn't see anyone was asked, "With [LPN #1], a concern before with her not incerns about the residents?" she usually say 'Whenever I e.' She was never very as asked, "Did you tell oncerns with [LPN # 1]? CNA supervisor # 1] or [Director of Incerns with Incerns with Incertor of Incertor III was a sked with III or [Director of III]."	F	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILE	DING		С		
		045417	B. WING	<u> </u>	02	/08/2013		
	OVIDER OR SUPPLIER	<u> </u>	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 226	LPN # 1, documente [Resident # 5's] [block narcotics with the 11 7:00 a.m. He was aled the dining room for be 8:00 a.m. medication denied pain/discomfor room [at] approximate after the OT stated [flas alert, no urgency check his [blood presoximetry] - which we him. He was in bed [last when I entered the roal. I had to examine him and laccessing [assessing Around 10:45 a.m. the staff reported control of the staff reported c	per dated 1/17/13, signed by d, "I had personally taken of pressure] after counting 100 p.m. to 7:00 a.m. shift at left and getting ready to go to reakfast. I administered his in the dining room [and] he left. He was taken back to his left as 30 a.m. Some time Resident # 5] did not seem in his speech. I had a CNA saure] [and] SpO2 [pulse re within normal limits for land] appeared to be sleeping loom to give his room a 10:00 did asked the RN Supervisor the replied he would after light the new admission. The OT call out from [Resident latered to find him expired." In, RN Supervisor #1 was it was [LPN # 1] who came T?" RN Supervisor #1 stated, I never saw that [OT #1] #1 was asked, "Had any of light ligh	F 2	226				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		045417	B. WIN	G			C 8/2013	
	OVIDER OR SUPPLIER		•	11:	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 226	you do?" RN Supervis [LPN # 1] and she sai RN Supervisor #1 wa or [Administrator] abo [LPN #1]?" RN Superhad words with [LPN the end of it. I never had words with [LPN the end of it. I never had words with [LPN the end of it. I never had words with [LPN the end of it. I never had words with [LPN the end of it. I never had words for unnotice changes after 1/15/13 stated, "Wore you ask residents for unnotice changes after 1/15/13 stated, "No, I'd check me to." g. There were no doc other staff regarding I reported resident contine Administrator with There was no assess 1/15/13 for possible u condition changes prowith the DMS 7734 or documented interview response to condition Administrator with the h. On 2/8/13 at 9:00 a worked on the 6th flowyear being on the 7:0 LPN # 2 was asked, "much?" LPN # 2 states work every week, I work every week,	#1 was asked, "What did sor #1 stated, "I talked with d she was busy with meds." is asked, "Did you tell [DON] ut the concerns regarding visor #1 stated, "No, once I # 1] I thought that would be leard anything else so I RN Supervisor #1 was sed to monitor [LPN # 1's] d/unreported condition to the elear than the elear th	F	2226				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIF _DIN(PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER		<u> </u>	1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/00	0/2013
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F 226	on to [RN Supervisor communication barries something and she'd care of it but never gothe concern to let their right away." i. On 2/8/13 at 9:18 a. "Ever work with [LPN "Yes." CNA #2 was as # 1] that a resident hat have concerns that she stated, "Yes, about and I didn't think she Supervisor # 1] about j. On 2/8/13 at 10:05 a "Has any staff member resident's condition of to?" The DON stated DON was asked, "What stated, "1/15/13." The was the resident?" The J." The DON was asked, "What the resident?" The stated, "1/15/13." The was the resident?" The stated, "That he'd gor for therapy and the rehe went to the charge nursing office eating I to assess [Resident # asked the CNA to get 5]. The CNA got the bewhat it was. The OT and nurse know and then	# 1]. What I saw was a r. A CNA would tell her say OK, then would go take by back to the CNA who had m know and she didn't go m., CNA #2 was asked, # 1]?" CNA # 2 stated, sked, "Did you ever tell [LPN and a condition change and the didn't do anything?" CNA to one month ago I told her listened to me. I told [RN my concerns." a.m., the DON was asked, ther reported a concern with a the properties of the	F	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		045417	B. WING		02	08/2013	
	OVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703			
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F 226	asked, "Who was the "[CNA # 1]. She got a told him and she told the nurse still did not needs. He was there room and now [Resid breathing and that pound he told [LPN # 1] and then [LPN # 1] wasked "What can I do get [RN Supervisor # 1] got there, the resid was asked, "This was knew it on 1/15/13?" DON was asked, "What the possibility of negl "When did you come DON stated, "That af [name], Administrated all of this. [Administrated all of this. [Administrated all of this. [Administrated all of this and got a stater we asked [OT # 1] to reviewed the chart. We that day. We got a statements to see where we wasked [Resident # to breakfast and back the shower he ambul nap. Then after that the signs and all of that. It blood pressures tend	Ise ox." The DON was CNA?" The DON stated, a pulse ox and was 90%. She the nurse. His concern was respond to [Resident 3 5's] e so he went back to the lent # 5] had labored bint [LPN # 1] was in the hall 'You need to come now' ent into the room. [OT # 1] to help' and she said 'Go 1]. When [RN Supervisor # lent had expired." The DON is the story/allegation as you The DON stated, "Yes." The nat did you think the g?" The DON stated, "That esponding to his concern, estigation then we identified ect." The DON was asked, to this conclusion?" The ternoon [1/15/13], when r got with me. We went over ator] and I talked with the nent from the CNA and then write out a statement. I We didn't get the statements latement from [OT # 1], [LPN	F 2.	26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIP _DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 226	[LPN # 1] and [CNA # [CNA # 1] she said it asked for vital signs. I # 1] she said she had vital signs. [LPN # 1] the second time the C wrote in her statemer she'd asked [RN Supassessment on [Resic conflicting stories betwee talked with [CNA # 1] was and who ask stated [LPN # 1] in the lunch." The DON was around 1/15/13?" The their statements. The investigating. [LPN # was not urgent. To he urgency and that's whresident. In the mean and forth and talked we Department of Vetera disciplinary counselin proceeded on with disinvestigation from the [OLTC] and because disciplinary action it reads that the proceedisciplinary action it reads to 5th of February "Did you identify then neglect?" The DON saying [LPN # 1] didn The DON was asked, respond timely to a rewhat happens?" The continue to decline." failure to respond time	d, "We did interviews with 12 l. When we talked with was [OT # 1], the OT who When we interviewed [LPN asked for the CNA to get stated she was in the hall oT came to her. She also at that between those times ervisor # 1] to do an dent # 5]. So we had ween OT and [LPN # 1]. So # 1] again about where [LPN ted for vital signs and she the nursing office eating asked, "This was back to DON stated, "After we got in we went back and started 1] stated [OT # 1's] voice for [OT # 1] did not convey by she didn't go check the time we batted this back with the Little Rock Arkansas in's Affairs on doing g with [LPN # 1]. So we sciplinary action pending office of Long Term Care that had been her third esulted in termination of the office of Was asked, that the OT was alleging tated, "No, I felt he was 't respond timely enough."	F	226			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
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F 226	"Why not report this to stated, "We were gett conflicting stories." The did you do with [LPN stated, "We got her si work." The DON was monitoring [LPN # 1]? Supervisor was doing Supervisor was doing Supervisor # 1] and m DON was asked, "Ho DON stated, "No, I try [RN Supervisor # 1] is back and forth." The I being on 6th and wate else?" The DON stated. The DON was asked, [LPN # 1's] assigned stated, "No, I did not.' would you know that I to a resident's conditionand check the resider stated, "We wouldn't. when I come in and w DON was asked, "Wh you or [Administrator] us, it just depends. I creporting to the staff's asked, "Any reports p [LPN # 1] was not resersident condition cha "None brought to my asked, "Did [RN Super concerns that staff was was not responding to stated, "No, I never he about [LPN # 1]." The investigation complete	ing their stories we had le DON was asked, "What le DON was asked, "What le 1] on 1/15/13?" The DON de of the story and let her leasked, "How were you le The DON stated, "The RN rounds and watching. [RN rounds and watching. "The rounds and saked, "Besides ching, did you do anything red, "Not specifically, no." "Did you go in and assess residents?" The DON The DON was asked, "How LPN # 1] wasn't responding rounds of hers?" The DON I check the 24 hours report when I go home" The rounds of horse. "The rounds of horse." The rounds of horse. "Both of lid this one. We waited on stories." The DON was rior to this from staff that ponding to their reports of linges?" The DON stated, attention." The DON was	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 226	from OLTC." The DOI 1] terminated due to to investigation?" The DO 3rd disciplinary action termination no matter was asked, "What wa The DON stated, "Shi resident." k. On 2/8/13 at 10:55 asked, "When did [OT you regarding [Reside stated, "Initially on 1/" was asked, "What did was?" The Administrat response on the part Administrator was asl response in this case "It could be neglect." asked, "Did you go as [LPN # 1's] other resid Administrator stated, asked, "Did you get a other staff regarding of condition changes no Administrator stated, asked, "Did you ques concerns with condition identified or treated?" "No." The Administrat in-services with staff of changes since 1/15/1 stated, "No." The Adm has happened with [L stated, "She worked of terminated." The Adm	pending the investigation N was asked, "Was [LPN # he outcome of the ON stated, "No, it was her in It's an automatic the outcome." The DON is it [disciplinary action] for?" is edidn't document on the a.m., the Administrator was if # 1] report his concerns to ent # 5]?" The Administrator I you think his concern inter stated, "A lack of of the LPN." The ked, "What is the lack of ?" The Administrator stated, The Administrator was seess or have others assess dents on 1/15/13?" The "No." The Administrator was ny staff statements from the concerns with reported t being responded to?" The "No." The Administrator was tion residents if they had on changes not being The Administrator stated, or was asked, "Any on reporting condition 3?" The Administrator ninistrator was asked, "What PN # 1]?" The Administrator	F	226			

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F 226	The Administrator sta and waiting on an invove took action." 1) The Weekly Time through February 4, 2 Director of Nursing or documented LPN # 1 3:30 p.m. on 1/15/13, 1/23/13, 1/26/13, 1/27/2/1/13, 2/2/1/3, 2/3/13 2) The letter from the Department of Vetera 2/5/13 documented, "Action, Administrative are being place on Ac Pay, effective immedian investigation of the (OLTC) regarding posineglect on January 15 outcome of the invest the subject incident with because you have be progressive disciplinatermination" I. On 2/8/13 at 6:30 p. Nurse, the DON, and asked, "Any in-service reporting change of conductive Quality Assurance Nurse, the Administrator were as # 1] about reporting/reserving/reser	sheets from January 15 013 receved from the 12/11/13 at 4:06 p.m. worked from 6:30 a.m. until 1/16/13, 1/17/13, 1/22/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/28/13, 1/29/13, 1/13, 1/19, 1/13, 1/19, 1/19, 1/13, 1/19, 1/19, 1/	F	226				

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F 309 SS=K	provide the necessary or maintain the highest mental, and psychoso accordance with the of and plan of care.	NG eceive and the facility must y care and services to attain st practicable physical,	F	309			
	by: Complaint # 18093 w part) in these findings Based on record reviet failed to ensure neces were provided to attait practicable physical w The facility failed to eta a resident's condition mental and physical s 5) case mix resident w condition. The failed p Immediate Jeopardy w caused serious harm, # 5 who had a change reported to the charge immediately assess th had the potential to at change of condition s list received from the The facility was notified Jeopardy on 2/8/13 at are:	ew, and interview the facility sary care and services nor maintain the highest vell-being for Resident #5. Insure to immediately assess for a reported change in status for 1 of 1 (Resident # who had a change in oractice resulted in which caused or could have injury or death to Resident e of condition that was e nurse who failed to the resident condition and fect 50 residents who had a ince 1/1/13 according to a Administrator on 2/8/13.					

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F 309	the Resident (Observ Reporting)" document Licensed Nurse. Purpand report any condition physician so proper trimplemented Proofalls, injuries or changfunction, monitor the for alterations in consigns and include tendyspnea or variations 2. Have someone stanurse is calling the att Notify DON [Director any falls, injuries, or ophysical condition' 2. Resident # 5 was a 12/28/12 with diagnose Fibrillation, and Cong Admission Minimum Indexessment Reference documented the residindicates moderately Interview for Mental Supervision with ambiguate A facility form titled "Date of Concern: 1/1 Voicing Concerns: [O 1]. Title: OT. Nature of entered room at [approperture of the content of th	ing, Recording and ted "Basic Responsibility: cose: To observe, record fon change to the attending reatment will be redure: After all resident responses n. Take vital reperature r. Observe ciousness n. Take vital reperature r. Observe for in respirations (irregular) reperature resident while the resident while the resident while the resident res	F	309			

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F 309	for breakfast earlier. I [Resident # 5] was not normally does, that he [and] something is wron [Resident # 5] at the [Certified Nursing Assisted, 'They are real room. I asked what it she proceeded to nur was still no response to check [oxygen] lever As she came out of rot then went back into rotal. It also shaking him on [riging response It appears trouble, so I ran to ha nurses station [and] I big trouble, you need follow me this time intattempted to arouse [name, name]' and shanoted 1 breath taken chest movement as [ILPN # 1] what [I] need [RN (Register immediately left room # 1] on opposite hall [needed his help. He with 5's] room. As he enter # 5] he stated '[It] appears to provide the stated '[It	ing OK [and] had been up [OT]explained to her that it responding to me like he e sounds very congested ong. Nurse did not go check his time. I then found a CNA istant] and requested that She did so right away. CNA y low' upon leaving [patient] was, she stated 84/47, as se office to tell nurse. There from nurse so I asked CNA el, which she did right away. com she stated 'It's 90'. I com at [approximately] 11:45 ent]. I immediately noticed g [with] [patient] and attempted to wake [patient] ght] shoulder [without] any led that [patient] was in Illway. [LPN # 1] was at the stated, '[LPN # 1], he is in to come now'. She did to [patient] room. I then patient] by saying '[name, aking his [right] shoulder. I by [patient] [and] then [no] catient] stopped breathing. Tying '[name, name]'. I then I could do to help. She said red Nurse) Supervisor # 1]. I and found [RN Supervisor and] told him that [LPN # 1] vent straight to [Resident # red room and saw [Resident ears that [Resident # 5] is and went to 5th floor to	F	309			

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F 309	happened. [OT Super by so I asked her to sher what happened. It to meet [with] Adminishappened. Administra Supervisor # 1] [and] exactly what had happened. What had happened in the supervisor # 1, docur [respiratory/cardiac arresponsive], [no] [breat [resident] [expired] at On 2/11/13 at 2:40 p. asked if he remember Supervisor # 1 stated was asked, "Can you involved with him on the Supervisor # 1 stated me when I was in the She said she felt like were low and level of decreased. She said reported a condition of check him. As I walked breathing." c. On 2/8/13 at 8:16 a "What happened on 1 OT # 1 stated, "I went tried to around him by didn't respond. He us the room and went to the nursing station. I to the said she felt like were low and level of decreased. She said reported a condition of the condition of the said she felt like were low and level of decreased. She said reported a condition of the said she felt like were low and level of decreased. He was a said reported a condition of the said she felt like were low and level of decreased. He was a said reported a condition of the said she felt like were low and level of decreased. She said reported a condition of the said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased. The said she felt like were low and level of decreased she felt like were low and level of decreased. The said she felt like were low and level of decreased she felt like were low and level of decreased she felt like were low and level of decreased she felt like were low and level of decreased she felt like were low and level of decreased she felt like were low and level of decreased she felt like were low and l	visor # 1] happened to walk it down [and] explained to Ve then decided at that time strator to explain what had stor did meet [with] [OT I, [and] I was able to explain bened." dated 1/15/13 at 11:50 tered Nurse (RN) mented, "[Resident] event rest] pupils fixed, [non ath sounds], [no] pulse 11:50 a.m." m., RN Supervisor # 1 was red [Resident # 5]. RN "Yes." RN Supervisor # 1 tell me how you got he day he died?" RN, "[LPN # 1] came and got hallway on the 6th floor. the resident's vital signs	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ILTIPLE CONSTRUCTION	(X3) DATE S COMPL	
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	ROVIDER OR SUPPLIER	045417		STREET ADDRESS, CITY, STATE, ZIP COI 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	•	/08/2013
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F 309	breakfast and I said of look right and was not riggrabbed a CNA and a OT # 1 was asked "D was?" OT # 1 stated, went to [Resident # 5 sat down at the nursi resident as the CNA came back out and s said what were they, my written statement [LPN # 1] in the office CNA came out and [I and I asked her [CNA and she did. She said stood up and went in [LPN # 1] was still in went back to [Reside breathing really shall response and he was [LPN # 1] who was a had to get in there be We went in and [Res she sent me for [RN [RN Supervisor # 1] or resident had passed. I went down to 5th flopaper and started wr told her what happen [Administrator] within d. A sheet of paper d # 1, documented, "Or asked [to] get [Resident had get [Resident	aid he was fine he'd been to DK and told her he didn't of responding and his ht. She didn't do anything. I asked them to do vital signs." To you recall who the CNA "No. The CNA got stuff and s's I room and got vital signs. I right station with another went into the room. She aid they were really low and I She told me and they are in . She took the vital signs to be by the nursing station. The LPN # 1] was still sitting there had to check O2 [oxygen] leveled they were 90. At that point I to [Resident # 5's] room. The LPN # 5's I room and he was ow and there was no so in trouble. I went back to the amedicant and told her she because he was in trouble. I was really upset with this. For and grabbed a sheet of siting. My boss came by and I leed and she said lets talk with went down and talked with	F3	309		

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	ROVIDER OR SUPPLIER		•	11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 309	the nurses office eatir low that morning durin before [Resident # 5's not [to] worry about d would do them as we breakfast." On 2/11/13 at 2:30 p.1 "What happened on t CNA # 1 stated, "[LPN to get vital signs that it. I walked the reside his room and he had said he felt weak. He walked him on to bed Therapy] or OT came [Resident # 5's] vital s really low." CNA # 1 va pulse and respiratio and they were low too "How was the resident the vital signs?" CNA was short of breath al he normally did." CNA took the vital signs, diher what the resident "Yes, she said his blo her he wasn't breathin # 1 was asked, "What her about the residen acting right?" CNA # that his vital signs we concerned. She didn'thought she should he "Did you tell anyone e problems?" CNA #1 se	nurse, [LPN # 1]. She was in ng. She said his vitals were ng breakfast about 2 hours s] passing. She also told me bing the vitals and that she	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETI	
		045417	B. WIN			02/01	B/ 2013
	ROVIDER OR SUPPLIER	L		11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703	02/00	5/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	had you ever had this responding to your coresidents?" CNA #1 s'Whenever I get a sec never very attentive." you tell anyone about 1]? CNA #1 stated, "N [Director of Nursing (I other aides." CNA #1 any of the other LPNs [LPN #1]?" CNA #1 asked, "What does the by your name for toda section 4, rooms [nun working that section to always work." CNA #1 talk with you before to else know when a nurabout a resident's constated, "No." e. A lined sheet of pal LPN #1, documented [Resident #5's] [blood narcotics with the 11: 7:00 a.m. He was ale the dining room for brown [at] approximate after the OT stated [Resident # 5's] [blood narcotics with the 11: 7:00 a.m. medication denied pain/discomfor room [at] approximate after the OT stated [Resident # 5's] [blood presoximetry] - which were him. He was in bed [awhen I entered the roam. medication. I had when I entered the roam. medication. I had	concern before with her not oncerns about the tated, "Yes, she usually say cond I'll come.' She was CNA #1 was asked, "Did your concerns with [LPN # Not [RN Supervisor # 1] or DON)] but I did talk with the was asked, "Did you tell s about your concerns with stated, "No." CNA #1 was e '4' mean on the schedule ay?" CNA # 1 stated, "That's	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SUF COMPLET	
		0.5.4.7	B. WIN	LDING IG			С
NAME OF DE	AOVIDED OD CUIDDUED	045417				02/0	8/2013
	OVIDER OR SUPPLIER			112	ET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE YETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	# 5's] room [and] I end On 2/11/13 at 2:40 p.1 asked, "Are you sure to get you and not OT "No, It was [LPN # 1], guy." RN Supervisor at the staff reported con- responding to their co- RN Supervisor # 1 sta- did come to talk with a dressing being off afte been some time since wasn't on. When I we was on and the aide of in. I had one LPN tell to respond." RN Sup- was the nurse?" RN Sup- was the nurse?" RN Sup- was the nurse?" RN Sup- supervisor you do?" RN	the new admission. a OT call out from [Resident fered to find him expired." a., RN Supervisor #1 was it was [LPN # 1] who came it?" RN Supervisor #1 stated, I never saw that [OT #1] if was asked, "Had any of cerns with [LPN #1] not incerns about residents?" ated, "Seems to me a CNA incerns about a resident's er his shower and it still into check the dressing, it didn't know [LPN #1] been incerns about a resident's er his shower and it still into check the dressing, it didn't know [LPN #1] been incerns asked, "Who supervisor #1 was asked, "Who supervisor #1 stated, "[LPN in it was asked, "Who it was asked, "What did sor #1 stated, "I talked with ind she was busy with meds." It is asked, "Did you tell [DON] in the concerns regarding visor #1 stated, "No, once I if #1] I thought that would be deard anything else so I in RN Supervisor #1 was ited to monitor [LPN # 1's] in the condition in the concerns when she asked in the mented statements from in the concerns when she asked in	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPL LDING	LE CONSTRUCTION	(X3) DATE SUF COMPLET	
		045417	B. WIN				C 0/2042
	OVIDER OR SUPPLIER			11	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703	02/0	8/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	Report (I & A) as of 2. assessment of other in possible unreported/unchanges provided by DMS 7734 as of 2/8/1 documented interview response to condition Administrator with the g. On 2/8/13 at 9:00 a worked on the 6th floory year being on the 7:00 LPN # 2 was asked, "much?" LPN # 2 state work every week, I work for me and the other I "Any concerns with [Line that the did not responsible to the Information of the Information of Information barries something and she'd care of it but never gothe concern to let the right away." h. On 2/8/13 at 9:18 at "Ever work with [LPN "Yes." CNA #2 was as # 1] that a resident has have concerns that she #2 stated, "Yes, about	the DMS 7734 OLTC Care] Incident and Accident (8/13. There was no residents on 1/15/13 for inrecognized condition the Administrator with the 3. There were no residents regarding changes provided by the DMS 7734 as of 2/8/13. The Lender of the four days of the	F	309			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		045417	B. WIN	G		02/08	B/ 2013
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 309	"Has any staff member resident's condition of to?" The DON stated DON was asked, "Wh stated, "1/15/13." The was the resident?" The J." The DON was ast therapist concern?" To concern went from the who told me of the Odasked, "What was the stated, "That he'd gor for therapy and the rehe went to the charge nursing office eating I to assess [Resident # asked the CNA to get 5]. The CNA got the bewhat it was. The OT and nurse know and then a pulse ox and she sago back and get a pul asked, "Who was the "[CNA # 1]. She got a told him and she told the nurse still did not needs. He was there room and now [Resid breathing and that po and he told [LPN # 1] and then [LPN # 1] wasked 'What can I do get [RN Supervisor # 1] got there, the resid was asked, "This was	a.m., the DON was asked, er reported a concern with a nange not being responded, "Yes, a therapist." The len was this?" The DON DON was asked, "Who he DON stated, "[Resident # ked, "What was the len the DON stated, "The len to the Administrator, the DON was econcern." The DON was econcern?" The DON he into [Resident # 5's] room sident did not arouse and enurse who was in the lench and she did not get up lent asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the CNA to let the he asked if she had gotten with a lood pressure and told OT lasked the concern." The DON lasked the CNA to let the lood pressure and told OT lasked the lood pressure and told	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		045417	B. WIN	G			C 8/ 2013
	ROVIDER OR SUPPLIER		·	11	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 309	and watching. [RN Suwere doing that?" The often, any set times?' to go out every 2 hou is on 5 and 6 all the ti DON was asked, "Bewatching, did you do stated, "Not specifica asked, "Did you go in assigned residents?" not." The DON was a that [LPN # 1] wasn't condition change if yoresidents of hers?" The wouldn't. I check the in and when I go hom "Any reports prior to the was not responding to condition changes?" brought to my attention "Did [RN Supervisor staff was telling him the responding to staff con "No, I never heard an [LPN # 1]." The DON terminated due to the investigation?" The Don termination no matter was asked, "What was the DON stated, "Shoresident." j. On 2/8/13 at 10:55 asked, "When did [On you regarding [Resident."	ervisor was doing rounds apervisor # 1] and myself be DON was asked, "How The DON stated, "No, I try rs and [RN Supervisor # 1] me, back and forth." The sides being on 6th and anything else?" The DON ly, no." The DON was and assess [LPN # 1's] The DON stated, "No, I did sked, "How would you know responding to a resident's au didn't go in and check the ne DON stated, "We 24 hours report when I come e" The DON was asked, his from staff that [LPN # 1] to their reports of resident The DON stated, "None on." The DON was asked, #1] ever share concerns that that [LPN # 1] was not ncerns?" The DON stated, y complaints on that about was asked, "Was [LPN # 1] outcome of the ON stated, "No, it was her	F	3309			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	ULTIPLE CONSTRUCTION	(X3) DATE S COMPLI	ETED
		045417	B. WIN	G	02	C / 08/2013
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	•	700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 309	was?" The Administrator response on the part Administrator was as have others assess [L 1/15/13?" The Administrator was asl statements from the concerns with reported being responded to?" "No." The Administrator was asl staffon residents if the condition changes not treated?" The Administrator was asl staff on reporting condition changes not reated?" The Administrator was asl staff on reporting condition changes not reated?" The Administrator was asl staff on reporting condition the provided until 2/6/13. So with [LPN # 1]?" The worked until 2/6/13. So	I you think his concern ator stated, "A lack of of the LPN." The ked, "Did you go assess or LPN # 1's] other residents on histrator stated, "No." The ked, "Did you get any staff other staff regarding and condition changes not The Administrator stated, for was asked, "Did you hey had concerns with the being identified or strator stated, "No." The ked, "Any in-services with dition changes since distrator stated, "No." The ked, "What has happened Administrator stated, "She she was terminated." Sheets from January 15 2013 receved from the 12/11/13 at 4:06 p.m. worked from 6:30 a.m. until 1/16/13, 1/17/13, 1/22/13, 7/13, 1/28/13, 1/29/13, and 2/4/13.	F:	309		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUF	
		045417	B. WIN				B/ 2013
	ROVIDER OR SUPPLIER		 	11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703	0270	0/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 309	outcome of the invest the subject incident whecause you have be progressive disciplinatermination" k. On 2/8/13 at 6:30 p. Nurse, the DON, and asked, "Any in-service reporting change of c. Quality Assurance Nurse, the Administrator all state Assurance Nurse, the Administrator were as # 1] about reporting/residents change of c. "No, only about not de. I. The Immediate Jeonscope/severity reduce p.m. when the facility Plan of Removal: 1) Identification: Therefore the facility with an unsurance of condition and the facility, including distress, level of conscomplaints will be conscomplaints will be conscopervisors on 2/8/13	igation, your performance in as substandard, and en the subject of ry actions, will lead to your of the Administrator were es with staff regarding condition since 1/15/13?" The arse, the DON, and the ed, "No." The Quality DON, and the ed, "Did you talk with [LPN esponding to reports of a condition?" The DON stated, coumenting." Deardy was removed and the ed to "H" on 2/8/13 at 4:20 implemented the following The are no current residents in stable medical condition. idents (16) residing on 6th at risk for the same failed assess following a reported and implement interventions. The assessment of all residents gobserving for respiratory ciousness, and current inducted by DON/RN B, beginning at 3:00 p.m. To p.m. to ensure no resident	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SUF	
			A. BUII B. WIN				C
NAME OF D		045417				02/0	8/2013
	ROVIDER OR SUPPLIER VILLE VETERANS HOME	!		112	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 490 SS=K	nursing staff will be in of each shift, and will hires and staff returning in-servicing will done Administrator]/DON/F in-service sign-in she place before staff work in-service will include condition to and what Nurse/RN Supervisor report. The in-service change of condition, acknowledgement of 4) Monitoring: The 24 monitored by the shift The RN will make respected to the shift and observe for channegative findings or use condition will be addresorted to the DON 483.75 EFFECTIVE ADMINISTRATION/R A facility must be addresolved in the service of the sit to use its refficiently to attain or practicable physical, well-being of each results.	non 2/8/13 at 3:30 p.m., all a-serviced at the beginning be ongoing to include new ing from leave. The by the NHA [Nursing Home RN Supervisor, and ets used. Training will take it is not met as evidenced was substantiated (all or in instered in a manner that was substantiated (all or in in include the policy and maintain the highest was substantiated (all or in		309			

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AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION G	(X3) DATE SUF	ED
		045417	B. WIN	G			B/2013
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	, J. 1	5.20.13
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
	to ensure Resident #8 care and services to repracticable physical with facility failure to e immediately provided mental and physical services (Residents # 5) case reported change of corpractices resulted in I caused or could have or death to Resident acondition that was regwho failed to immedia had the potential to achange in condition selisting received from the facility was notified Jeopardy on 2/8/13 and The findings are: 1. The job description Administrator documents, diprograms and service residents by developing procedures to ensure regulations Investice complaints regarding programs. Develops rules and standards of facility".	ew, and interview, ursing Administration failed 5 received the necessary maintain the highest well-being as evidenced by nsure assessment was for a reported change in the status of a resident for 1 of 1 mix residents with a condition. These failed mmediate Jeopardy which a caused serious harm, injury \$45 who had a change of corted to the charge nurse ately assess the resident and ffect 50 residents who had a ince 1/1/13 according to the he Administrator on 2/8/13. The dof the Immediate to 2:30 p.m. In titled "Nursing Home lented " Typical Functions: are provided for nursing home ing internal policies and compliance with gate and resolves staff, residents, and and revises disciplinary operating procedure for the	F	490			

Facility ID: 0876

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		045417	B. WIN	G			C 8/2013
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/00	0/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 490	Nursing is a registere writing, administrative and accountability for training of nursing ser responsible for nursing a day, seven days a vresponsibilities includ Nursing administration direction to the nursing needs of the veterans implements, and evaluand procedures that a accepted standards of interviews and makes hiring, and disciplining Regulatory compliance knowledge of [Veteral regulations in the long ensures the nursing of compliance with the regovern the provision of the Resident (Observ Reporting)" document Licensed Nurse. Purpand report any condition physician so proper trainglemented Profalls, injuries or change function, monitor the for alterations in consigns and include term dyspnea or variations 2. Have someone sethe nurse is calling the Notify DON or Supervisions.	d nurse and has, in authority, responsibility, the functions, activities, and vices staff, and is g services twenty-four hours week. Specific duties and e, but are not limited to: 1. in - Provides guidance and g staff to ensure health are met. Develops, uates departmental policies are in accordance with f care Conducts recommendations for g nursing personnel; 2. in - Utilizes current in Affairs], state and federal g-term care setting and department remains in ules and regulations that of care". If titled "Condition Change, of ing, Recording and ited "Basic Responsibility: bose: To observe, recordion change to the attending	F	490			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			С	
		045417	B. WING			8/2013	
	ROVIDER OR SUPPLIER	DME	1	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 490	12/28/12 with diage Fibrillation, and Consider Admission Minimulassessment Refer documented the reindicates moderate Interview for Mentaupervision with a considerate a. A facility form to "Date of Concerns Voicing Concerns 1]. Title: OT. Naturentered room at [a [Patient] was only stimuli by opening other movement. Severe rattling [with to Nurse [LPN (Lic [and] asked how [stated that he was for breakfast earlie [Resident # 5] was normally does, the [and] something is	ras admitted to the facility on gnoses of Dementia, Atrial ongestive Heart Failure. The Im Data Set (MDS) with an rence Date (ARD) of 1/4/13 esident scored 9 (8 - 12 ely impaired) on the Brief al Status and required mbulation and locomotion. Itled "Concern" documented, 1/15/13. Name of Person (OT (Occupational Therapist) # re of Concern [Be Specific]: OT approximately] 11:30 a.m. able to respond to verbal eyes. No verbal response or It was noted that [patient] had the breathing. OT went straight censed Practical Nurse) # 1] patient] was doing this a.m. She is doing OK [and] had been upper. I [OT]explained to her that is not responding to me like he at he sounds very congested is wrong. Nurse did not go check at this time. I then found a CNA	F 490	DEFICIENCY)			
	[Certified Nursing she check his vita stated, 'They are room. I asked what she proceeded to was still no respond to check [oxygen] As she came out of then went back in	Assistant] and requested that ls. She did so right away. CNA really low' upon leaving [patient] at it was, she stated 84/47, as nurse office to tell nurse. There are from nurse so I asked CNA level, which she did right away. For froom she stated 'It's 90'. I to room at [approximately] 11:45 patient]. I immediately noticed					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPL _DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045417	B. WIN				B/ 2013
	OVIDER OR SUPPLIER		.	11	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703	02.0	5/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 490	very shallow breathing congested sounds. I a by shaking him on [rig response It appear trouble, so I ran to ha nurses station [and] I big trouble, you need follow me this time int attempted to arouse [name, name]' and sha noted 1 breath taken chest movement as [r[LPN # 1] was also sa asked [LPN # 1] what [I] need [RN (Register immediately left room # 1] on opposite hall [needed his help. He w 5's] room. As he ente # 5] he stated '[It] app gone'. I then left room begin writing stateme happened. [OT Super by so I asked her to sher what happened. Ver to meet [with] Administ happened. Administra Supervisor # 1] [and] exactly what had hap b. The Nurse's Notes a.m., signed by Regis Supervisor # 1, docur [respiratory/cardiac ar responsive], [no] [breat [resident] [expired] at	g [with] [patient] and attempted to wake [patient] whit] shoulder [without] any ed that [patient] was in a llway. [LPN # 1] was at the stated, '[LPN # 1], he is in to come now'. She did to [patient] room. I then patient] by saying '[name, aking his [right] shoulder. I by [patient] [and] then [no] to patient] stopped breathing. By patient] stopped breathing. By patient] stopped breathing. By patient [land] then [no] to patient] stopped breathing. By patient [land] then [land] then [land] told do to help. She said the down [land] saw [Resident # land] told him that [LPN # 1] went straight to [Resident # land] told him that [LPN # 1] went straight to [Resident # land] to for to not of events that had wisor # 1] happened to walk it down [and] explained to we then decided at that time strator to explain what had altor did meet [with] [OT I, [and] I was able to explain bened." dated 1/15/13 at 11:50 tered Nurse (RN) mented, "[Resident] event trest] pupils fixed, [non ath sounds], [no] pulse	F	490			

Facility ID: 0876

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		045417	B. WIN	G			C 8/2013
	OVIDER OR SUPPLIER		.	1	REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	32 / 3	<i>3.</i> 2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 490	Supervisor # 1 stated was asked, "Can you involved with him on to Supervisor # 1 stated me when I was in the She said she felt like were low and level of decreased. She said reported a condition of check him. As I walked breathing." c. On 2/8/13 at 8:16 at "What happened on 10 OT # 1 stated, "I went tried to around him by didn't respond. He us the room and went to the nursing station. It outside the office. I as was doing and she sat breakfast and I said Clook right and was no breathing was not right grabbed a CNA and at OT # 1 was asked "D was?" OT # 1 stated, went to [Resident # 5 sat down at the nursing resident as the CNA we came back out and sat said what were they said what were they my written statement. [LPN # 1] in the office CNA came out and [Land I asked her [CNA]	red [Resident # 5]. RN "Yes." RN Supervisor # 1 tell me how you got he day he died?" RN , "[LPN # 1] came and got hallway on the 6th floor. the resident's vital signs consciousness was [OT # 1] had come and thange and I needed to d in [Resident # 5] stopped a.m., OT # 1 was asked, /15/13 with [Resident # 5], calling his name and he ually woke right up, so I left the office on the 6th floor by old [LPN # 1], she was just sked her how [Resident # 5] id he was fine he'd been to DK and told her he didn't	F	490			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045417	B. WIN	G			B/2013
	OVIDER OR SUPPLIER		l	1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02.00	5.20.13
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 490	[LPN # 1] was still in went back to [Resider breathing really shall response and he was [LPN # 1] who was at had to get in there be We went in and [Resishe sent me for [RN S [RN Supervisor # 1] or resident had passed. I went down to 5th flopaper and started writold her what happen [Administrator]. We w [Administrator] within d. A sheet of paper da # 1, documented, "Or asked [to] get [Reside therapist. I got them a very low so I told the the nurses office eatin low that morning durin before [Resident # 5's not [to] worry about d would do them as we breakfast." On 2/11/13 at 2:30 p. "What happened on to CNA # 1 stated, "[LPN to get vital signs that it. I walked the reside his room and he had said he felt weak. He walked him on to bed	the office eating lunch. I hat # 5's] room and he was ow and there was no in trouble. I went back to a med cart and told her she cause he was in trouble. dent # 5] was gasping and Supervisor # 1] the RN and ame right away and the I was really upset with this. or and grabbed a sheet of ting. My boss came by and I led and she said lets talk with tent down and talked with 15 minutes of this." ated 1/18/13, signed by CNA in January 15, 2013, I was sent # 5's] vitals by the land his blood pressure was nurse, [LPN # 1]. She was in lang. She said his vitals were lang breakfast about 2 hours in passing. She also told me loing the vitals and that she	F	490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G		С
		045417	B. WING _			08/2013
	ROVIDER OR SUPPLIER	E		REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 490	really low." CNA # 1 a pulse and respirat and they were low to "How was the reside the vital signs?" CNA was short of breath he normally did." CN took the vital signs, her what the resider "Yes, she said his bl her he wasn't breath # 1 was asked, "Wh her about the reside acting right?" CNA: that his vital signs w concerned. She didn'thought she should be "Did you tell anyone problems?" CNA #1 else to tell." CNA #1 had you ever had the responding to your or residents?" CNA #1 "Whenever I get a senever very attentive you tell anyone about 1]? CNA #1 stated, "[Director of Nursing other aides." CNA # any of the other LPN [LPN # 1]?" CNA # asked, "What does to by your name for too section 4, rooms [nu working that section always work." CNA:	signs. I did and they were was asked, "Did you also get ion?" CNA # 1 stated,, "Yes oo." CNA # 1 was asked, ent breathing when you did A # 1 stated, "Heavy, like he and he wouldn't wake up like IA # 1 was asked, "After you did you tell [LPN # 1] and tell at was like?" CNA # 1 stated, ood pressure was low. I told atting right or acting right." CNA att did she say when you told att not breathing right or #1 stated, "She said, 'OK," ere low that a.m. She wasn't a't come check him like I have." CNA #1 was asked, else about the resident's stated, "I didn't see anyone was asked, "With [LPN #1], is concern before with her not	F 490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII	DING		(c
		045417	B. WIN	G			8/2013
	OVIDER OR SUPPLIER			11	EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 490	else know when a nurabout a resident's constated, "No." e. A lined sheet of pal LPN # 1, documented [Resident # 5's] [blood narcotics with the 11:17:00 a.m. He was aled the dining room for brace and the dining room for and 10:45 a.m. the staff room for for and 10:45 a.m. the staff room for get you and not OT "No, It was [LPN # 1], guy." RN Supervisor and the staff reported con responding to their consumption of the staff room to talk with the dressing being off after been some time since wasn't on. When I we	rse does not respond to you indition change?" CNA # 1 Deer dated 1/17/13, signed by It, "I had personally taken depressure] after counting to p.m. to 7:00 a.m. shift at the trand getting ready to go to eakfast. I administered his in the dining room [and] he read to the eakfast. I administered his in the dining room [and] he read to the eakfast. I administered his in the dining room [and] he read to the eakfast. I administered his eak 8:30 a.m. Some time tesident # 5] did not seem in his speech. I had a CNA sure] [and] SpO2 [pulse the within normal limits for and] appeared to be sleeping om to give his room a 10:00 did asked the RN Supervisor to ereplied he would after a graph of the new admission. The OT call out from [Resident the ered to find him expired." The N. Supervisor #1 was it was [LPN # 1] who came the ered to find him expired. The ered to find him expired to find him expired to find him expired to find him expired. The ered to find him expired him expired to find him expired him	F	490			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045417	B. WIN				C 8/2013
	OVIDER OR SUPPLIER			112	ET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE YETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 490	in. I had one LPN tell to respond." RN Supwas the nurse?" RN Supwas the nurse?" RN S#2.]." RN Supervisor you do?" RN Supervisor you do?" RN Supervisor #1 wa or [Administrator] abo [LPN #1]?" RN Superhad words with [LPN the end of it. I never had words with [LPN the end of it. I never had words for unnotice changes after 1/15/13 stated, "Were you ask residents for unnotice changes after 1/15/13 stated, "No, I'd check me to." f. There were no docuother staff regarding Lorented resident con the Administrator with [Office of Long Term of Report (I & A) as of 2 assessment of other in possible unreported/unchanges provided by DMS 7734 as of 2/8/14 documented interview response to condition Administrator with the g. On 2/8/13 at 9:00 a worked on the 6th flooryear being on the 7:00 LPN # 2 was asked, "much?" LPN # 2 states.	me that [LPN # 1] was slow ervisor #1 was asked, "Who Supervisor # 1 stated, "[LPN # 1] was asked, "What did sor #1 stated, "I talked with d she was busy with meds." as asked, "Did you tell [DON] ut the concerns regarding visor #1 stated, "No, once I # 1] I thought that would be leard anything else so I RN Supervisor #1 was seed to monitor [LPN # 1's] d/unreported condition (P. RN Supervisor # 1 residents when she asked simented statements from LPN # 1's response to dition changes provided by the DMS 7734 OLTC Care] Incident and Accident (8/13). There was no residents on 1/15/13 for inrecognized condition the Administrator with the	F	490			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045417	B. WIN	G			B/ 2013
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703	02/0	5/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 490	for me and the other I "Any concerns with [L resident condition cha "No. I did have CNAs that she did not respo on to [RN Supervisor communication barrie something and she'd care of it but never go the concern to let their right away." h. On 2/8/13 at 9:18 a "Ever work with [LPN "Yes." CNA #2 was as # 1] that a resident ha have concerns that sh #2 stated, "Yes, abou and I didn't think she Supervisor # 1] about i. On 2/8/13 at 10:05 a "Has any staff member resident's condition of to?" The DON stated DON was asked, "Wh stated, "1/15/13." The was the resident?" Th 5]." The DON was as therapist concern?" Th concern went from the who told me of the Or asked, "What was the stated, "That he'd gor for therapy and the re he went to the charge nursing office eating I	LPN." LPN # 2 was asked, PN # 1] not responding to anges?" LPN # 2 stated, come to me with concerns and to them. I passed those # 1]. What I saw was a ar. A CNA would tell her say OK, then would go take at back to the CNA who had an know and she didn't go a.m., CNA #2 was asked, # 1]?" CNA # 2 stated, sked, "Did you ever tell [LPN and a condition change and ane didn't do anything?" CNA at one month ago I told her listened to me. I told [RN any concerns." a.m., the DON was asked, ar reported a concern with a anange not being responded and a the pool of the pool and a condition change and and	F	490			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDIN			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045417	B. WIN				C 8/2013
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE CAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 490	5]. The CNA got the bewhat it was. The OT anurse know and then a pulse ox and she sago back and get a pulse ox and she sago back and get a pulse ox and she sago back and get a pulse ox and she told the nurse still did not needs. He was there room and now [Resid breathing and that po and he told [LPN # 1] and then [LPN # 1] wasked "What can I do get [RN Supervisor # 1] got there, the resid was asked, "This wasknew it on 1/15/13?" were you monitoring [stated, "The RN Superand watching. [RN Suwere doing that?" The often, any set times?" to go out every 2 hours on 5 and 6 all the tid DON was asked, "Bewatching, did you do stated, "Not specifical asked, "Did you go in assigned residents?" not." The DON was a that [LPN # 1] wasn't condition change if your residents of hers?" The wouldn't. I check the 2	vital signs on [Resident # slood pressure and told OT asked the CNA to let the he asked if she had gotten aid no. So he asked her to se ox." The DON was CNA?" The DON stated, pulse ox and was 90%. She the nurse. His concern was respond to [Resident # 5's] so he went back to the ent # 5] had labored int [LPN # 1] was in the hall 'You need to come now' ent into the room. [OT # 1] to help' and she said 'Go 1]. When [RN Supervisor # ent had expired." The DON the story/allegation as you The DON was asked, "How LPN # 1]?" The DON ervisor was doing rounds apervisor # 1] and myself to DON was asked, "How The DON stated, "No, I try rs and [RN Supervisor # 1] me, back and forth." The sides being on 6th and anything else?" The DON ly, no." The DON was and assess [LPN # 1's] The DON stated, "No, I did sked, "How would you know responding to a resident's but didn't go in and check the	F	490			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045417	B. WIN			02/01	B/ 2013
	ROVIDER OR SUPPLIER	L		11:	EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703	02/00	5/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 490	"Any reports prior to the was not responding to condition changes?" brought to my attention "Did [RN Supervisor staff was telling him the responding to staff con "No, I never heard an [LPN # 1]." The DON terminated due to the investigation?" The DOS and disciplinary action termination no matter was asked, "What was the DON stated, "Shoresident." j. On 2/8/13 at 10:55 asked, "When did [OT you regarding [Resides stated, "Initially on 1/2" was asked, "What did was?" The Administrator was ashave others assess [L1/15/13?" The Administrator was ashave others as	this from staff that [LPN # 1] to their reports of resident The DON stated, "None on." The DON was asked, #1] ever share concerns that that [LPN # 1] was not sincerns?" The DON stated, y complaints on that about was asked, "Was [LPN # 1] outcome of the ON stated, "No, it was her to the outcome." The DON s it [disciplinary action] for?" the didn't document on the a.m., the Administrator was to # 1] report his concerns to the the stated, "A lack of of the LPN." The sked, "Did you go assess or LPN # 1's] other residents on this trator stated, "No." The ked, "Did you get any staff other staff regarding and condition changes not The Administrator stated, or was asked, "Did you hey had concerns with to being identified or strator stated, "No." The ked, "Any in-services with	F	490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		045417	A. BUILD		02	C (08/2013	
	ROVIDER OR SUPPLIER	:	S	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703		00/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE	
F 490	with [LPN # 1]?" The worked until 2/6/13. S 1) The Weekly Time through February 4, 2 Director of Nursing of documented LPN # 1 3:30 p.m. on 1/15/13, 1/23/13, 1/26/13, 1/2 2/1/13, 2/2/13, 2/3/13 2) The letter from the Department of Vetera 2/5/13 documented, 'Action, Administrative are being place on Ac Pay, effective immed an investigation of the (OLTC) regarding posneglect on January 1 outcome of the invest the subject incident where the subject i	ked, "What has happened Administrator stated, "She she was terminated." Sheets from January 15 2013 receved from the 2/11/13 at 4:06 p.m. worked from 6:30 a.m. until 1/16/13, 1/17/13, 1/22/13, 7/13, 1/28/13, 1/29/13, and 2/4/13. State of Arkansas ans Affairs to [LPN # 1] dated d Subject: Disciplinary a Leave Without Pay. You diministrative Leave Without fately, pending the results of a Office of Long Term Care assible resident abuse or 5, 2013. Regardless of the digation, your performance in the subject of any actions, will lead to your on, the Quality Assurance the Administrator were se with staff regarding ondition since 1/15/13?" The larse, the DON, and the ed, "No." The Quality approach to the pool of the po	F 49	90			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/08/2013	
		045417	B. WIN	G			
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME				1	REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703	0210	0/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE COMPLETION	
F 490	Continued From page 60 I. The Immediate Jeopardy was removed and the scope/severity reduced to "H" on 2/8/13 at 4:20 p.m. when the facility implemented the following Plan of Removal:		F	490			
	the facility with an unso There are sixteen res floor Avenue that are practice of failure to a	e are no current residents in stable medical condition. idents (16) residing on 6th at risk for the same failed ssess following a reported nd implement interventions.					
	in the facility, includin distress, level of cons complaints will be cor Supervisors on 2/8/13	3, beginning at 3:00 p.m. 0 p.m. to ensure no resident					
	nursing staff will be in of each shift, and will hires and staff returning in-servicing will done Administrator]/DON/R in-service sign-in sheeplace before staff wor in-service will include condition to and what Nurse/RN Supervisor report. The in-service change of condition, wacknowledgement of	by the NHA [Nursing Home RN Supervisor, and ets used. Training will take to on the floor. The who to report a change of to do if the Charge do not respond to the e will include the policy on with a signed receipt.					
		-Hour Shift Reports will be RN for condition changes.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/08/2013	
		045417	B. WIN	G			
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Х	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 490	and observe for chan negative findings or u	ident rounds on each to monitor resident condition ges in condition. Any nreported change of essed by the shift RN and	F	490			