PRINTED: 04/16/2013 FORM APPROVED OMB NO. 0938-0391

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL | | E CONSTRUCTION | (X3) DATE COMF | SURVEY |
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| | | 045417 | B. WING | | | | C (02/2013 |
| | OVIDER OR SUPPLIER | | • | | REET 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 PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS | | F | 000 | | | |
| | This copy of this 256 copy | 7 supercedes the previous | | | | | |
| | 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 | G) for possible fraud. If tently changed by the State Survey Agency (SA) nediately. | | | | | |
| F 226 SS=E | part) with deficiencies Complaint #18244 wa part) without a deficie 483.13(c) DEVELOP/ ABUSE/NEGLECT, E The facility must developlicies and procedur | IMPLMENT ITC POLICIES elop and implement written es that prohibit , and abuse of residents | F | 220 | | | |
| ADODATORY | by: Based on observation interview, the facility f | is not met as evidenced n, record review and ailed to ensure that the | | | TITI F | | (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.

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILD | | ONSTRUCTION | | SURVEY PLETED |
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| | | 045417 | B. WING | | | | / 02/2013 |
| | OVIDER OR SUPPLIER | <u> </u> | • | 112 | T ADDRESS, CITY, STATE, ZIP CODE NORTH COLLEGE ETTEVILLE, AR 72703 | · | |
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| F 226 | implemented. The faresident injury (fractulab draw while resident thoroughly investigat appropriate corrective potential for further in 6 (Residents #1, 2, 4 residents who was casiled practice had the residents who were caccording to the Admin. The findings and 1. The Facility's Aburding provided by the Admin. The findings and 1. The Facility's Aburding provided by the Admin. Mistreatment, Injurie Misappropriation of Procedure: Policy: free of verbal, sexual abuse, corporal puniseclusion. Procedure instreatment of residing reported as required - Prevention, Identification of reported as required - Prevention, Identification in the procedure investigative suspects investigative suspensinvestigation 5 - In who suspects an allest immediately notify the Nursing/RN on duty. must notify the state enforcement agency | olicies and Procedures were cility failed to ensure a are), that occurred during a sent was resistive, was sed in order to ensure a actions to reduce the njuries for 1 (Resident #1) of 1, 6, 7 and 8) case mix cognitively impaired. The se potential to affect 45 cognitively impaired ninistrator on 4/15/13 at 2:00 se: see Prohibition Policy inistrator on 3/28/13 at 10:10 abuse, Neglect, and so of Unknown Origin and Resident Property Policy and To ensure the resident is 1, physical, and mental shment, and involuntary se: 1 - Any allegation of the serior property will be by regulations and law 4 cation and Protection: If an sed of abuse, neglect or sesident property, the or of Nursing/RN on duty by eo on immediate sion while completing an Reporting: Any employee | F | 226 | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | ONSTRUCTION | (X3) DATE COMP | SURVEY |
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| | OVIDER OR SUPPLIER | | | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 5 NORTH COLLEGE /ETTEVILLE, AR 72703 | , • | |
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| F 226 | Nursing/designee will and record the interview investigations. The in interviews of the alleg employees or visitors have knowledge of the of the resident's clinic determine the resident condition for relevance. Corrective Actions: A determined and taken the incident. The care resident's condition an prevent recurrence will be a condition of the incident. The care resident's condition and prevent recurrence will be a condition of the incident. The care resident's condition and prevent recurrence will be a condition of the incident and the Brief Interview for inattention and disorg and goes and change physical Behavioral Sother during the last serequired extensive as member with bed mol on and off the unit and totally dependent on the use and personal care with major injuries sin a. A Nurses Notes data and signed by License documented, "Lab to Resident took to room | conduct all investigations and results of the vestigation includes ed perpetrator, other or any resident who might e alleged incident. A review al record should occur to it's past history and e to the alleged violation. 7 Appropriate steps must be to prevent recurrence of e plan should reflect the ind measures taken to inen appropriate agnoses of Fracture Right prosis and Senile Dementia cures. The Annual Minimum essment Reference Date cumented the resident es severely impaired) on Mental Status, had anized thinking that comes in severity; exhibited no symptoms directed toward even days of the ARD; sistance of one staff boility, transfer, locomotion divith dressing and was one staff member for toilet be/bathing; and had no falls | F | 226 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL [*] A. BUILDI | | DNSTRUCTION | | E SURVEY IPLETED |
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| F 226 | passing room went in with a pressure dress CNAs walked in to as kick and hit and threv in room stated they h knuckle pop loudly. I [right] forearm appea the situation immedia hurt. Stated, 'a little.' could not move her h At 1715 [5:15 p.m.] T [two] given. Still refus [dressing] on hemato forearm, wrist and ha At 1755 [5:55 p.m.] x allowed x-rays to be a Swelling around discounded to fore the situation of distal ulna At 1915 [7:15 p.m.] A | kicking lab tech. A CNA and tried to assist lab tech sing on [left] arm. Two more sist. Resident continued to wher arms up and everyone eard what sounded like a instantly a discolored area on red. A CNA informed me of stely. Ask resident if arm Could move fingers but and laterally ylenol 325 mg [milligrams] sed to allow a pressure ma. X-ray ordered for [right] ind -ray tech here. Resident clone [without] incident. clored area Order from [Physician #1] to (Hospital] ER for a fracture mbulance here for transport 3:30 p.m.], "Called [Acting was advised how to handle ent (I&A) Reporting Form dent: [Resident #1]Date: [4:55 p.m.] | F | 226 | | | |

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| F 226 | (2) What happened? blood draw and begat tech. At one point wh four witnesses heard began swelling immed (4) What did the residincident? "That hurts witnesses in roomN [Certified Nurse Assis [CNA #3] (5) Were there any injude (6) Did incident requir [checked yes] and do fractured [right] ulna. [Hospital]Emergency " | Became combative during in hitting and kicking lab lile throwing arms around all a loud pop. [Right] forearm diately ent or witness say about the some." according to ame(s) of any witness(es): tant (CNA)] #1, [CNA #2], furies? Yes [checked] the any type of treatment? cumented "x-ray showed Sent to Room] per [Physician #1] | F | 226 | | | |
| | [7:00 p.m.]Unable to on face sheetTime [8:30 p.m.]Time [face [not called]Nurse Constitution [Indicated]Nurse Constitution [Indicated]DON/ADON: [Description of Nursing] [Administrator] 12/10/20. The DMS (Division OLTC (Office of Long Accident Report (1&A) Administrator) page 2 A dated 12/9/12 at 20 Resident Safe Handling [Resident Safe Handling]Time [Face [F | urse (LPN) irector of Nurses/Assistant Administrator: | | | | | |

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| F 226 | revealed a report of a right ulna. Resident be routine lab draw result arm. Phlebotomist ar room at the time of the known to the Acting A on 12/9/12. Reporting d. The DMS-762 Fact Resident Abuse, Neg Property, & Exploitation Long-Term Care Facting at 2040 [8:40 p.m.] do Member Completing In DON]Type of Incides [checked]Name of In [Resident #1]Date at known]: 12/9/12 at 20 Discovery: 12/9/12 at 20 Discovery: 12/9/12 at Reported to OLTC: 1 p.m.]Ambulatory? In Requires assist with a Living's] and transfers Alert to person only representation to place Diagnosis: Dementia Page 3 documented, resident became comfacility staff. She was hitting and kicking the popping noise. An xidentified a fracture of sent to the ER for evanotifications were marked. | resident with a fractured became combative during a ting in a fracture of the right of CNAs (2) were in the elincident. Incident became dministrator at 2045 hours grocess begun" Illity Investigation Report for ect, Misappropriation of on of Residents in ities (page 2) dated 12/9/12 focumented, "Facility Staff DMS-762: [Acting Int: Physical Abuse Involved Resident: and Time of Incident [if D40 PMDate and Time of Incident 2/10/12 1555 [3:55] No [checked]Oriented: Incident | F | 226 | | | |

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| F 226 | obtained and intervier reviewing all findings physician it is believe and the fracture happ being combative with DON and dated 12/17 e. The Witness State 1) The Witness State 1 (1) The Witness State 1 (2/6/12 Time: aroup.m.]Started to drawpt. became very abust talkative. Pt. pulled not ried to get her to let not started hitting me. W (1) Got help from CNAs. Us. All I was trying to up and bandage put of something made a positive of the philade of | "Witness statements were ws conducted. After and consulting with the d that no abuse occurred ened while the resident was staff [signed by the Acting 7/12]" ments: ment completed by Lab , "Pt: [Resident #1]Date: nd 1700 [5:00 v blood of pt. [patient] when sive both physical and eedle out of her [left] arm. I me tape her up but Pt. again ent to find a nurse or CNA. Pt. still fighting and kicking do was get her arm cleaned on. As she was fighting us opping sound" ment completed by CNA #2 are and [CNA #3] were resident up for supper. The e can help. So me and the room. At that time [CNA eroom. [Resident #1] were ng by 'A' bed. So [CNA #3] rbally telling her [Resident kay for the Phlebotomist to rarm so she agreed and | F: | 226 | | |

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| | OVIDER OR SUPPLIER | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE CAYETTEVILLE, AR 72703 | | |
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| F 226 | But, as she [resident] up that's when I heard 1 heard 3) The Witness Stater #1] documented, "V the hall, I was called assistance with [Resident she was very comber while she was draresident had pulled or arm where she has draw to see her arm. She could go to her room on her she started that into the room and she and that is when [CN/[Lab Tech #1] asked it talking with her about #3] was caressing heright side and was cashoulder trying to asswhen [Lab Tech #1] pball on her left arm, sl started kicking the La over to get in the pathme and raised up her the pop and we went report" 4) The Witness Stater #3] documented, "[Oby [Resident #1] room yelled out at us to cor #1] The Phlebotomis a dressing on her arm | was bringing her [right] arm d a loud pop sound" ment completed by [CNA When I was walking down over by [Lab Tech #1] for dent #1]. [Lab Tech #1] told abative hitting and kicking awing her blood and the ut the needle from her left rawn one tube of blood her wheelchair and I asked complied. I then asked if we so we could put a bandage at was fine. I wheeled her became upset once again A #3 and #2] walked by and f they could assist with her bandage. While [CNA r left arm and I was on her ressing her arm and ure her it was going to be ok ut pressure with the cotton he became upset and b Tech; at this time I bent of her kicking she had hit right arm and we all heard to find the charge nurse to ment completed by [CNA CNA #2] and I were walking he when the Phlebotomist he help her with [Resident to said she was trying to put | F | 226 | | | |

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| F 226 | when I noticed that [Gright side of [Resident that her hematoma we closer to [Resident # said that she was gladown by her left side that we are here to hematoma to her and put a dressing on it. apply pressure to the when [Resident #1] be when I heard the 'popt the up swing or down Phlebotomist becaus in the head. [CNA # shield the Phlebotom Once we/I heard the immediately to go ge charge. [CNA #1and stayed in the room we to go get [LPN #1], but the PRN [As Needed 5) The Witness State [Licensed Practical Napproximately 1650 [that [Resident #1] [rig popping sound. I ask anything. 'No' stated her right arm down wother nurse; [LPN #1 reported to her. Asse assessment [right] [for [right] 2nd digit curve [complained of] pain. notified [Physician #1] | went into the room. That is CNA #1] was standing on the it #1] wheelchair. She said as really bad. As I got 1], she smiled at me and d I came. I then squatted and started to explain to her elp and pointed out the d she agreed that we could The Phlebotomist began to the hematoma on her left arm regan hitting at [CNA #1] or. I am not sure if it was on a swing. I was looking at the e she was about to kick her I reacted a lot quicker to ist, but got hit in the process. popping noise I left the room to [LPN #1], the LPN in #2] and the Phlebotomist ith [Resident #1] while I left ut I could not find her so I got [LPN #2]" I ment completed by LPN completed a large seed, did she hit it on [CNA #3]; we were holding then I heard a loud pop." I came down hall and I came and purple din. [Resident #1] c/o Other nurse medicated. I | F | 226 | | | | |

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| F 226 | 6) The Witness Stater documented, "At ap [4:55 p.m.] I was notif [Resident #1] became tech was doing a blood throwing arms around loud pop. I entered roforearm was turning be move her hand lateral 1715 [5:17 p.m.] given stated it 'hurt a little'. forearm, wrist and har fractured right ulna. A [Hospital] ER per amb f. The Orthopedic Redocumented, "[Residenursing home patient 12/9/12. Someone caerly in the morning at to. She fought them aphysically to try and gomehow she ended fracture. She splinter comfortable. She cerconfused today. Physical Examination splint. She has normal fingers. Sensory examicooperation with. X-Rays: AP[anteriopothe right forearm from reveal a minimally dis | ment completed by [LPN #1] prox [approximately] 1655 ied by [left blank] that e very combative while lab and draw. While resident was leveryone in room heard a com and an area on [right] blue and resident could not ally. Swelling began. At an Tylenol because resident Ordered Xray for right and. Results being a and 1915 transferred to bulance." port dated 12/13/12 ent #1] is a 90 - year old who injured her right arm ame in to draw her blood and she did not want them and they restrained her are that blood drawn and up with an ulnar shaft ed. She is reasonably tainly seems pleasantly are: She is in a short arm all range of motion of her an is not terrible easy to get sterial] and lateral x-rays of the emergency room placed fracture of the distal some mild angulation and | F | 226 | | | |

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| F 226 | night stick fracture. Plan: We switched h We will keep her in th will see her back in th with AP and lateral x- of plaster" g. The Plan of Care documented, "Problem: Behavior Physically Abusive - s staff and other reside Approaches: Always Workers when provide purpose of care or m givingIntervene as & safety of othersR when she becomes a care, provide time & s escalate in her behavior calm tone, alternate s becomes combative attempt to draw lab Problem: Osteoporo Resident is at risk for osteoporosis Approaches: 12/10/1 increase in combative potential for injury/fra | lly displaced right ulnar shaft er over to a short arm cast. hat cast for 5 more weeks. I he office 5 weeks from now rays of her right forearm out dated 1/22/13 thru 4/22/13 orProblem Date: 2/18/13 slapping, hitting, and kicking ents" s have two Health Care ling personal careExplain edication before needed to protect the rights leapproach resident later, agitatedIf resident refuses space so that she does not vior. Re-approach using staff member. If resident during lab draw, do not | F | 226 | | | | |

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| F 226 | h. Staff who were in time of the injury were 1) On 3/25/13 at 4:40 had been working the since August 2012. Staught (at time of Orica resident becomes to they are to leave alor sometimes I'll try talking calm them down before when asked if she resident #1] back in stated, "Yes, [Resident and a stated and a stated, "It would be stated, "Look what yo then [CNA #3] told us holding her shoulders." On 3/26/13 at 4:23 p. verify the interview no p.m.). She stated, "If will hit and kick. I'm refractures due to her his since the stated and the stated in the stated and the | the resident's room at the enterviewed: p.m., CNA #1 stated she as 3 - 11 shift on the 6th floor She stated that she had been entation but not since) that if too combative during care and come back; but any to them first to attempt to are I leave them alone. membered the incident with December 2012. She and the first CNA to assist before the into help as well. I had calm her down the other two CNAs were by the Phlebotomist. [CNA to let Phlebotomist draw and the phlebotomist draw and the phlebotomist of the control of the kicks and she to on my left shoulder and any head is when we heard the phlebotom was a trying to talk to her'." m., CNA #1 was asked to other above (3/25/13 at 4:40 Resident #1 is upset she not aware of any prior | F | 226 | | | |

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| F 226 | returned and stated, statement after the phad happened when not sure if [CNA #2 a Phlebotomist asked who was holding her #3]. I was on left sid Phlebotomist becausher. I didn't see how there would be a Sta [CNA #3] say, "I'm ho could not see where position I was in. [LF said in the Witness Sme, [CNA #2 and #3] told you about what I [CNA #3] told [LPN #down then she chang holding her shoulders she said that she was she said, "No, you mme." After this meeti into the room by ther minutes, then [LPN # room, gave us all a bit told us to fill out the sdown that she was bwhen [CNA #3] said holding her. I did no DON about what acti [LPN #1] talked to us just didn't know what out in the open now, ever since." | "I wrote my witness hlebotomist had told what she became combative. I'm and #3] came in after them to or not. I am not sure down, I think it was [CNA e putting my back in front of se Resident #1 was kicking at she was being held. I knew te Investigation. I did hear olding as tight as I can." I she was held from the PN #1] told us what had to be statements in a room her, I. I told [LPN #1] what I just saw and heard. At first saw and heard. At first saw and heard are ged her story to she was s. I told [CNA #3], I thought is holding her arm down and just have misunderstood ing, [LPN #1] took [CNA #3] | F | 226 | | |

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| | | 045417 | B. WING | | | 04/ | 02/2013 |
| | OVIDER OR SUPPLIER | i | | 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 226 | [CNA #1and CNA #3] in her room when her went into her room do band aid over hemato her left arm. Me and [CNA #1] was already door because there we the Phlebotomist in the standing in front of hed down by talking to he when lab started putting the CNAs squatted down by talking to he when lab started putting the CNAs squatted down by talking to he when lab started putting the CNAs squatted down by talking to he when lab started putting the CNAs squatted down by talking to he when lab started putting the CNAs squatted down because it was so low had been instructed to becomes combative to are suppose to leave for them to calm down was probably already #3] came in there. Simany people try to go she was so agitated, and see if she calmed abuse because she go from the beginning who maybe should have led one on purpose. I down the dome on purpose. I down the dome on purpose. I down the dow | 12. She stated, "Yes, Me, and the Phlebotomist were arm was fractured. We use to the Lab needed to put oma, I call it a big bubble, on [CNA #3] was together, in there. I stood by the were already two CNAs and were. [CNA #1], was fit leg and [CNA #3], was er right leg, tried to calm her r. Initially it worked, but ng on the band aid both of own in same location and la kicking and screaming. of resident so I was unable g on but I did hear a very where I was standing id." When asked what she | F | 226 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 045417 | B. WING | | | 1 | C /02/2013 |
| | OVIDER OR SUPPLIER | | 1 | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE YETTEVILLE, AR 72703 | <u>, </u> | 32.20.10 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | 3E | (X5) COMPLETION DATE |
| F 226 | statement 3/26/13. 3) On 3/27/13 at 10:5 she remembered Reswith her back in Decewas fractured during a "Yes, I was present dumemory the Phleboto name asked [CNA #2] by [Resident #1] roomsaid, ok. We go into talready in there. [Reswheel chair at the bot facing the door and [Coright side. She stayed on tall the way in there. Southout of the A - bed. and Phlebotomist was side. I'm right here, [Coright side. I'm right here. She was upset visually said, I'm right here. She was upset visua | 7 a.m., CNA #3 was asked if ident #1 and the incident mber 2012 when her arm a blood draw? She stated, uring that incident. From my mist; I don't remember her and I as we were walking if we could come help. I the room and [CNA #1] was sident #1] was sitting in her tom of her bed [B - bed] CNA #1] was on her right he right side; none of us IA #1] was on [Resident #1] I'm not sure she didn't come is kneeled down on her left CNA #3] demonstrated as ck side of the wheel chair. I was holding her left band aid on it and [Resident with the Phlebotomist and She was holding her left band aid on it and [Resident with the Phlebotomist out en [CNA #1], her reaction in mine and she went down wished the Phlebotomist out en [Resident #1] reached with her right arm. Then oing to say I heard a pop I heard and it was a loud was the up swing or the when she went down and | F | 226 | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | ONSTRUCTION | (X3) DATE COMP | SURVEY |
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| | OVIDER OR SUPPLIER | | • | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 5 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 226 | when I heard the pop don't really know it jus heard the pop and that you all hear that and thatLike it was loud it and she was still the It was loud enough fo After hearing the pop nurse. I had trouble f wasn't on the floor. I I know I came back w was [LPN #1] that I br. Did I bring [LPN #2], I who it was. [LPN #1] have been [LPN #2], She was then asked with the stated, "This is with detail because whate what I heard. Sound Before doing our With called into a room with CNA #1, LPN #1] and [LPN #2] was in there said we could get into reported to the State. would be in trouble. I why. If the xray had of then said arm fracture trouble. That meant to The meeting in the roserious the situation what happened beformight have been in the long. I want to say we | swung arm up and that's This is the critical point, I at happened so fast. We at's when [CNA #2] said, did we said, yeah we heard enough for [CNA #2] to hear are at the bottom of A - bed. I her to say what was that. I left the room to get the inding her initially. She don't remember who I told. It is a nurse. I want to say it rought back to the room. I don't know. Trying to think wrote the report. It might then [LPN #1] came later." What she told the nurse? That I don't remember in wer I told them it had to be ad like she broke her arm. Herses Statements, we were the LPN #1]. It was [CNA #2, myself. I don't remember if . [LPN #1] didn't say much; to trouble and it would be She didn't say why we think we all understood come back with her wrist and one a mark on our license. One was to warn us how was. I think we explained the we went into the room; it eroom, we weren't in there | F | 226 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | 3E | (X5) COMPLETION DATE |
| F 226 | write or not write on the She said, "No, [LPN # what you say because the State will review it said. I have never be before. I have complete before but not anything to hear from State. I was anything since the incomplete talking to the scared. LPN #1 scare anything since the incomplete talking to the scared. LPN #1 scare anything since the incomplete talking to the scared. LPN #1 scare anything since the incomplete talking to the scared. LPN #1 scare anything since the incomplete talking to the scared. LPN #1 scare anything since the incomplete talking to the scared. LPN #1 scare anything since the incomplete talking since the incomplete talking to the scare and the | neir Witness Statements. 1 basically said be careful the this will be reported and the this basically what she then through anything like this the did not talk to the the this I was expecting did not talk to the the this I was expecting did not talk to me; to [LPN #1, CNA #1 and while ago and I don't them. We were all really the dus but I haven't heard dident." To read her Witness the eading it she was asked if the the sess Statement was an the incident. After a long to say, I don't remember in the held when after she the this the thick t | F | 226 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 045417 | B. WING | | | | 02/2013 | |
| | OVIDER OR SUPPLIER | | • | 1125 | T ADDRESS, CITY, STATE, ZIP CODE 5 North College (Etteville, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 226 | change about her Wit stated, "I can add to r take us in a room. Shanything in the Witnes viewed as Abuse" She was then asked i down? After a very low want to say No, then break her armshe h that's when we heard up in the air and she [CNA #1] again and tharm. When we heard #1] was still focused to because she is still kinkelt down trying to si [CNA #1] was looking was going down to hit reached over her. I d think I just pushed he | re was anything she would ness Statement? She my statement, [LPN #1] did ne did tell us not to say as Statements that could be see Statements that to say YesI did not ad already hit [CNA #1] and the pop when her arm was was coming down to hit nat's when I grabbed her the pop, I think [Resident on the Phlebotomist cking at her and [CNA #1] hield the Phlebotomist. down. When [Resident #1] ther again is when I on't think I grabbed her. I r arm back up and [CNA #1] | F | 226 | DEFICIENCY) | | | |
| | hit again and I'm tryin saying we were holdin of the wheel chair. It trying to get her to cal move her arm while I mad at the Phlebotom to [LPN #1] and then write that she was he Abuse and the State is and we could lose our After another pause stold us this, what I she | w. [Resident #1] is trying to g to calm her down. I'm ng her arm down on the arm was holding her arm and Im down. She did try to was holding it and she was nist. This is what I reported she told us that we couldn't Id down because that is s going to be reviewing this r license." The said, "So when [LPN #1] buld have done is reported to a down." | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 226 | incident with Residen She stated, "Yes, but in the hallway or in he stick her after I had engoing to do. I stuck he the one that was brok a second after I stuck arm up and took the tolittle combative, ie: she was trying to pus concerned about gett because she was blew was no pressure apply hematoma but I can't hematoma. It is not opeople help with comdone. I don't remember not. I did not hear a positive was then asked if this documented in her Word time she began crying this is over, I couldn't #3] was holding her ricleaning the blood. She down during this time me but I was told not there that she was holding the remember of the property of the was the holding the blood. She down during this time me but I was told not there that she was holding the remember of the property of the propert | p.m., Lab Tech #1 sked if she remembered the t #1 in December 2012. I don't remember if she was er room when she let me explained to her what I was er (in the arm opposite from en) and she did ok for about her. After that she bent her ourniquet off and became a e was fighting me to stop, h me away. I was just ing cotton ball on her arm eding everywhere. There ied and she had the remember the size of the common practice to have bative residents until it gets ber if I got band aid on or opping sound. Shown her Witness eading it, she stated, very good memory." She is really what happened as itness Statement? At this g and stated, "I'm so proud even sleep that night. [CNA ght arm down while I was of left arm where I had e was holding her right arm . I don't remember who told to put [CNA #3's] name in ldding her down. It could | F | 226 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | TIPLE CONSTRUCTION NG | (X3 | B) DATE SURVEY COMPLETED |
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| F 226 | I do not know who did if prior to her and the Witness Statements i we have to say? She the medication cart di said on the Witness Severyone that they shelping and she was when they heard the She was asked after the facility ever quest She stated, "No, I fille Statement before I left She was then asked (Resident #1) was he #3] was standing at the wheel chair where he arm rest of the wheel hand at her elbow and wrist/hand. She said, I can. At that time [Reright hand/arm when smashing her right hand/arm when smashing her right hand wheel chair's right arm around when this after she pushed her 'Oh, I think I broke i. The nurses who reinjury were interviewed. 1) On 3/26/13 at 2:27 was asked if she rem Resident #1 back in E | d got their butt chewed out. It this." She was then asked CNAs filling out their fanybody said, this is what stated, "The CNAs were at scussing what had to be statements. [CNA #3] told ould say they were just flailing her arms around pop." that night, did anyone from ion you about this incident? It that night." to demonstrate how lid down. She stated, "[CNA he resident's right side of her rarm was lying on the right chair. She held with one did the other hand across her "I'm holding her as tight as esident #1] tried to raise her [CNA #3] beared down hard and/wrist down on top of the in rest. She did not flail her is happened. Immediately arm back down she stated, is her arm'!" ceived report of the resident ed: p.m. via phone, LPN #2 embered the incident with | | 226 | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| F 226 | #1] because she or 1st night on the floor the 3rd time still loor appearing very par anything I could he was in the room an [Resident #1] arm a said, wait a minute her if she was sure something. She sa anything. After asset that point it was productor and he order to the side and told me and this is a redownit's abuse, before I got to tell [their stories had che do since the stories when they were howheel chair then to flailing her arms and the CNAs and mand said, 'Get your happened?' No on holding her arm do told me that they warm snapped. She misunderstood her told me. I do know because she told in get anybody in trou anybody down any Administrator the in they had originally now their stories had similar to the in they had originally now their stories had similar to the in they had originally now their stories had similar to the in they had originally now their stories had similar to the interpretation. | come up and asked for [LPN buldn't find her. This was my or. After seeing her [CNA #3] bking for [LPN #1] and nicky, I asked her if there was allow with. She told me the laber and they were holding her and they heard a snap. I then and they heard a snap and asked a she didn't hit her arm on aid no, she didn't hit her arm on aid no, she didn't hit her arm on asessing her, I determined at abably broken and I called the ared an Xray. I pulled [LPN #1] I her the story they [CNAs] told portable; you can't hold people Before I got Xray results and LPN #1] what I had been told; ranged. I didn't know what to a shad changed from it broke alding her down to she hit it on a she did it when she was bound. [LPN #1] then pulled all anyself into the office together a stories straight; what we at that point admitted to win. I asked [CNA #3] why she were holding her down when her a told me that I must have because that's not what she are the lab lady was talked to the the next day, 'I don't want to able but, I'm not going to hold more.' I talked to the ext morning and told her what told me what happened but and changed. I do not know the fractured it like that just by | F | 226 | | | |

| AND LEAR OF CONNECTION IDENTIFICATION NOWIDER. A. BUILDING | LETED |
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| 045417 B. WING 04/0 | 02/2013 |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCY PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 226 Continued From page 21 flailing her arms around." 2) On 3/27/13 at 9:54 a.m., LPN #1 was interviewed via telephone and asked if she remembered the incident with (Resident #1) in December 2012 when her arm was fractured during a blood draw. The LPN stated, "Yes, I knew [Resident #1]. She was a resident on my hall. I was the nurse. I did not witness it but they came to get me when the resident became combative. I don't remember who came to get me I remember [LPN #2] being there because she told me she had gotten another story from one of the CNAs, [#2 or #3]. She told me [this after I shipped [Resident #1] She told me [Resident #1] got combative when they were drawing blood She thought they held her arm too hard when [Resident #1] became combative. I don't know if an aide told her this or what. I took [CNA #3] in the office to ask her what happened. It might have been after [Resident #1] was shipped out that I talked to her I told her [CNA #3), that [LPN #2] had told me they were holding her down. [CNA #3] aid 'no'. The Lab Tech told me the same thing. I didn't know at the time I was talking to the lab tech, there were conflicting statements [LPN #2] was the only one that told me her arm broke because staff was holding down her arm This is when I asked [CNA #3] what happened and she denied [LPN #2's] statement I usually get all witnesses to come to nurses station to fill out witness statements. I don't remember what I did that night. I only talked to [CNA #3] in a room. I did not tell anyone what to write or what not to write on witness statements. I don't remember what I did that night. I only talked to [CNA #3] in a room. I did not tell anyone what to write or with not to write on witness statements. I don't remember what I did that ("The first thing I | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | ONSTRUCTION | (X3) DATE COMP | SURVEY PLETED |
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| | OVIDER OR SUPPLIER | | • | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 5 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 226 | remember no one car allegation of abuse ur an allegation of abuse ur an allegation of abuse ar her about the xray. I was. I showed her m statements. I'm not s that, I think she did. I remember. I have no then asked if she was She stated, "No, they been working so man a CNA with a resident my boob so hard it hu that's abuse." At 10:4 statement and attested the phone. 3) On 3/27/13 at 3:14 she remember at the back in December 20 fractured during a bloother than what [LPN came during supper at they had difficulty draw of the conversation for trouble drawing [Resignotified me of an allegtime I saw [Resident asked someone what she broke her arm. I offered an explanation anything If I had beduring care, I would ir or persons in the roor | y supervisor, but as far as I me to me about an ntil now. I did consider this e, that is why I talked to my #1] that I had received an ound the same time I told am not sure what time it ine and CNA #3's witness ure if she did anything after t's been too long ago, I don't thing else to say." She was still employed at the facility. fired me because I had y hours and I was assisting when he hauled off and hit rt. I spatted his hand, and to its accuracy verbally on p.m., RN#1 was asked if incident with Resident #1 12 when her arm was od draw. She stated, "Not #1] told me. The Lab Tech and they were very busy and wing blood. All I remember | F | 226 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | TIPLE CONSTRUCTION NG | ' ' |) DATE SURVEY COMPLETED |
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| F 226 | staff should leave. If can't force them." j. Management Staff investigation of the in 1) On 3/26/13 at 9:55 (Current DON) stated aware of the incident one of the staff membactually called me; try involved] told me Lab drawn the blood and to put the bandage or fighting, became comout and found more swhen staff went back and swinging at herse notified [Physician #1 | combative and kicking, the they are demented you still were interviewed regarding | F | 226 | | |
| | witness statements fr the lab girl. Then we was, me and the Adm witness statements a was here to verify wh witness statements, I who said they were h heard the pop, I calle why her witness state documented that she she told me because [CNA #3]. We did into determine if any had the staff. I don't have residents documented | om all that were there even the next day I believe it hinistrator went through the nd spoke to all the staff that at happened. One of the believe it was the nurse olding her hand when they d at home to question her ement was the only one that had been held down and that is what I was told by erview staff and residents to problems with lab draws or at the interviews with the d and we did not do any ints with recent lab draws or | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | TIPLE CONSTE | ' ' | (X3) DATE SURVEY COMPLETED | | |
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| F 226 | consult on 12/13/12 transport person gathe break occurred down during a lab of Ortho doctor or the out. I did talk with [had reported to menof her being combator arms up when they documented where thing I remember down asking him is caused by being her feel like it was thorowe spoke to [CNA # call Ortho doctor be got that information driver nor he was power was about the individual and we try and train on also when we do also were trying to assiss into anything. [LPN Abuse situation that resident." 2) On 3/26/13 at 11 Administrator (Currobeing asked if and with the incident with [Rich 2012, "I was told at the incident with [Rich 2012, "I was | ncident. I have read the Ortho The best I can figure is the ve him the information that when staff were holding her lraw but I have not called the transport driver either to find CNA #3] about what the nurse She gave the same account tive and she was throwing her heard a pop. I don't have it I talked to [CNA #3]. The only bing was talking to Physician of he thought the fracture was ald down during a lab draw. I bughly investigated because fa] and [LPN #2]. We did not reacuse we had no idea how he because the transportation resent during the lab draw. Ked to both of them to find out of information." She also to becomes combative, staff and to walk away and notify the men we try to teach them to pproach with each resident. That several times a year and buse training. I feel like they that and not really pressuring her I #1] was terminated due to an the occurred with another | F | 226 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | (X3) DATE SURVEY COMPLETED | | |
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| | 045417 B. WING | | | C /02/2013 | | | |
| | OVIDER OR SUPPLIER | | 1 | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE YETTEVILLE, AR 72703 | , | <u></u> |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | BE | (X5) COMPLETION DATE |
| F 226 | having her blood draw During procedure she combative, pulling aw site. They had steppe her arms out at the st I know we initiated a r submitted to OLTC [OWe decided that there to hearing a pop and statements during our reviewed it with the M I'm sure I reviewed th don't remember when there should have beer esidents. I didn't known derstand that bleed sure they were focuse reason they did not be After reviewing the wind Administrator stated, bleeding in these, just person is combative the staff should not have bandaid or pressure to She also stated, "I did statements. I really did recollection about this questioned [CNA #3] statement about why had told her initially the down to obtain the broken her arm." | win by the Phlebotomist. It became agitated, ay leaving bleeding at the ed back, then resident flailed aff and they all heard a pop. reportable and it was office of Long Term Care]. It was no abuse alleged due reviewing the witness investigation and we also redical Director about this. It did it. I understand now een audits/interviews of other ow before this happened. I ling was a concern so I'm red on that and that is the red on that and that is the reack away." It these staff should have repped the procedure. The proceeded with applying the on the hematoma." It review all of the witness | F | 226 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|---|----------|---|-------------------------------|----------------------------|
| | | 045447 | B. WING | | | 1 | С |
| | OVIDER OR SUPPLIER | 045417 | B. WING | STR 1 | EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703 | 04/ | 02/2013 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 226 F 323 SS=H | she was restrained do would have been a property why he said that or he conclusion." "I know now other rest assessed, a conversation of the conclusion of the conclusion." "I know now other rest assessed, a conversation of the conclusion of the | now he would have known uring the blood draw. It roductive conversation on ow he came to that sidents should have been ation should have occurred r, further staff education we started this after the should have done a better " urses Note dated 12/9/12 PN #1], she [Administrator] inher that phone call but I call the Doctor but I don't what she meant by 'Spoke for] and advised how to be was terminated in interaction she had with a acceptable." ACCIDENT ISION/DEVICES ure that the resident as free of accident hazards | | 323 | | | |
| | by: Based on observatio | is not met as evidenced in, record review and failed to ensure thorough | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILD | | COMP | (X3) DATE SURVEY COMPLETED | |
|---|--|--|-------------------|-----|--|-------------------------------|----------------------------|
| | | 045417 | B. WING | | | | 02/2013 |
| | 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | investigation of a fract lab draw and to ensur to restrain and continuous resident who became reduce the potential for 1 case mix resider resisting care. The fair pattern of actual harm sustained a wrist/hampotential to cause mowho had a history of right the dated The fair pattern of actual harm sustained a wrist/hampotential to cause mowho had a history of right the dated The fair pattern of actual harm sustained a wrist/hampotential to cause mowho had a history of right the fair fair fair fair fair fair fair fair | ture that occurred during a re that staff did not attempt ue to provide care for a agitated and combative to or injury for 1 (Resident #1) attempt who had a history of led practice caused a for Resident #1 who did fracture and had the re than minimal harm to resisting care as identified by the findings are: noses of Fracture Right procise and Senile Dementia ures. The Annual Minimum ressment Reference Date umented the resident | F | 323 | | | |

PRINTED: 04/16/2013 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|---|---------|---|-------------------------------|----------------------------|
| | | 045417 | B. WING | B. WING | | C 04/02/2013 | |
| | OVIDER OR SUPPLIER | | -1 | 1 | EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703 | 1 04/ | 02/23/10 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | CNAs walked in to as kick and hit and threw in room stated they he knuckle pop loudly. It [right] forearm appear the situation immedia hurt. Stated, 'a little.' could not move her had to a little.' could not move her had to given. Still refus [dressing] on hemator forearm, wrist and had to a little situation around discondant to given. Still refus [dressing] on hemator forearm, wrist and had to a little situation around discondant to given. Swelling around discondant to [distal ulna At 1905 [7:05 p.m.] Contransport resident to [distal ulna At 1915 [7:15 p.m.] A to [Hospital ER] Late Entry: At 2030 [8 Administrator] and I was ituation" b. An Incident/Accided documented, "Resident's] Room [chemical control of the little sident's] Room [chemical contr | ing on [left] arm. Two more sist. Resident continued to a her arms up and everyone eard what sounded like a instantly a discolored area on red. A CNA informed me of tely. Ask resident if arm Could move fingers but and laterally If yienol 325 mg [milligrams] sed to allow a pressure ma. X-ray ordered for [right] ind If yieron [Physician #1] to Hospital] ER for a fracture If yieron [Physician #1] to Hospital] ER for a fracture If yieron [Physician #1] to Hospital] ER for a fracture If yieron [Physician #1] to Hospital] ER for a fracture If yieron [Physician #1] to Hospital] ER for a fracture If yieron [Physician #1] to Hospital] ER for a fracture If yieron [Resident #1]Date: [4:55 p.m.] | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|------------|---|-------------------------------|----------------------------|
| | | | | . BUILDING | | С | |
| | | 045417 | B. WING | | | 04/ | 02/2013 |
| | ROVIDER OR SUPPLIER VILLE VETERANS HOME | : | | | REET 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 PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | blood draw and began tech. At one point wh four witnesses heard began swelling immer. (4) What did the residincident? "That hurts witnesses in roomN [Certified Nurse Assis [CNA #3] (5) Were there any in [Checked yes] and do fractured [right] ulna. [Hospital]Emergency " (9) Notifications: Tim [7:00 p.m.]Unable to on face sheetTime [as [not called]Nurse Conference of Nursing] [Licensed Practical N #1]DON/ADON: [Director of Nursing] [Administrator] 12/10/10. c. The DMS (Division OLTC (Office of Long Accident Report (I&A Administrator) page 2 A dated 12/9/12 at 20 Resident Safe Handli which meets Mon - Firevealed a report of a | n hitting and kicking lab hile throwing arms around all a loud pop. [Right] forearm diately lent or witness say about the some." according to lame(s) of any witness(es): stant (CNA)] #1, [CNA #2], juries? Yes [checked] re any type of treatment? cumented "x-ray showed Sent to Room] per [Physician #1] e Physician Notified: 1900 or reach family per numbers Administrator Notified: 2030 cility name] Police called: completing the I & A: urse (LPN) irector of Nurses/Assistant Administrator: | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | ONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|----------------------|-----|---|--|----------------------------|--|
| 045417 | | B. WING | | | 1 | C /02/2013 | | |
| | OVIDER OR SUPPLIER | | | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 5 NORTH COLLEGE VETTEVILLE, AR 72703 | <u>, </u> | 32.20.10 | |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| F 323 | arm. Phlebotomist ar room at the time of the known to the Acting A on 12/9/12. Reporting d. The DMS-762 Fact Resident Abuse, Neg Property, & Exploitation Long-Term Care Facinat 2040 [8:40 p.m.] do Member Completing In DON]Type of Incide [checked]Name of In [Resident #1]Date at known]: 12/9/12 at 20 Discovery: 1 | ting in a fracture of the right and CNAs (2) were in the e incident. Incident became dministrator at 2045 hours g process begun" dility Investigation Report for lect, Misappropriation of on of Residents in lities (page 2) dated 12/9/12 ocumented, "Facility Staff DMS-762: [Acting ent: Physical Abuse envolved Resident: and Time of Incident [if D40 PMDate and Time of t 2040 PMDate Incident 2/10/12 1555 [3:55] No [checked]Oriented: hysical Functional popels self in wheelchair, all ADL's [Activities of Daily sMental Functional Level: equires frequent and timePrimary" "During a routine lab draw bative with lab staff and a swinging her arms and a staff when they heard a ray was obtained which if the ulna. Resident was aluation and treatment. All de and report was filed. iir bound and requires assist | F | 323 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|-----|--|-------------------------------|----------------------------|
| | | 045417 | B. WING | | | | 02/2013 |
| | ROVIDER OR SUPPLIER | | | 1 | EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703 | 1 0-11 | 02/2010 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | obtained and interview reviewing all findings physician it is believe and the fracture happ being combative with DON and dated 12/17 e. The Witness State 1) The Witness State 11) The Witness State 12/6/12 Time: aroup.m.]Started to drawpt. became very abust talkative. Pt. pulled n tried to get her to let r started hitting me. W Got help from CNAs. us. All I was trying to up and bandage put of something made a position of the philade | "Witness statements were ws conducted. After and consulting with the d that no abuse occurred ened while the resident was staff [signed by the Acting 7/12]" ments: ment completed by Lab , "Pt: [Resident #1]Date: nd 1700 [5:00 v blood of pt. [patient] when sive both physical and eedle out of her [left] arm. I me tape her up but Pt. again ent to find a nurse or CNA. Pt. still fighting and kicking do was get her arm cleaned on. As she was fighting us apping sound" ment completed by CNA #2 are and [CNA #3] were resident up for supper. The e can help. So me and the room. At that time [CNA eroom. [Resident #1] were ng by 'A' bed. So [CNA #3] rbally telling her [Resident kay for the Phlebotomist to rarm so she agreed and | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER | | IPLE CO | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|--------------------|---------|---|--|--|--|
| | 045417 B. WING | 04 | C I/02/2013 | | | | | |
| | ROVIDER OR SUPPLIER | <u> </u> | | 1125 | ADDRESS, CITY, STATE, ZIP CODE NORTH COLLEGE ETTEVILLE, AR 72703 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | N SHOULD BE COMPLE E APPROPRIATE DATI | | |
| F 323 | 3) The Witness State #1] documented, "\ the hall, I was called assistance with [Res me she was very cor her while she was dr resident had pulled of arm where she has of [Resident #1] was in to see her arm. She could go to her room on her she started th into the room and she and that is when [CN [Lab Tech #1] asked talking with her abou #3] was caressing her right side and was ca shoulder trying to ass when [Lab Tech #1] p ball on her left arm, s started kicking the La over to get in the pat me and raised up he the pop and we went report" 4) The Witness State #3] documented, "[by [Resident #1] roor yelled out at us to co #1] The Phlebotomis a dressing on her arr hematoma and [Resi do it. [CNA #2] and I | ement completed by [CNA When I was walking down over by [Lab Tech #1] for ident #1]. [Lab Tech #1] told inbative hitting and kicking awing her blood and the out the needle from her left lrawn one tube of blood her wheelchair and I asked complied. I then asked if we so we could put a bandage at was fine. I wheeled her the became upset once again IA #3 and #2] walked by and if they could assist with ther bandage. While [CNA ther left arm and I was on her the series arm and sure her it was going to be ok out pressure with the cotton the became upset and ab Tech; at this time I bent th of her kicking she had hit or right arm and we all heard to find the charge nurse to the ment completed by [CNA CNA #2] and I were walking on when the Phlebotomist me help her with [Resident at said she was trying to put | F | 323 | | | | |

PRINTED: 04/16/2013 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|-----|---|-------------------------------|----------------------------|
| | | 045417 | B. WING | | | C 04/02/2013 | |
| | OVIDER OR SUPPLIER | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | <u> </u> | 02/2010 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | right side of [Resident that her hematoma w closer to [Resident #1 said that she was glad down by her left side that we are here to he hematoma to her and put a dressing on it. apply pressure to the when [Resident #1] b when I heard the 'pop the up swing or down Phlebotomist because in the head. [CNA #1 shield the Phlebotomion Once we/I heard the immediately to go get charge. [CNA #1and stayed in the room with to go get [LPN #1], but the PRN [As Needed] 5) The Witness States [Licensed Practical Napproximately 1650 [attat [Resident #1] [rig popping sound. I ask anything. 'No' stated her right arm down whother nurse; [LPN #1 reported to her. Asse assessment [right] [for [right] 2nd digit curved [complained of] pain. notified [Physician #1 orderNotified [Register in the matter in the matt | t #1] wheelchair. She said as really bad. As I got I], she smiled at me and I], she smiled at me and I], she smiled at me and I came. I then squatted and started to explain to her elp and pointed out the she agreed that we could The Phlebotomist began to hematoma on her left arm egan hitting at [CNA #1] Is I am not sure if it was on swing. I was looking at the eshe was about to kick her I] reacted a lot quicker to list, but got hit in the process. copping noise I left the room Is [LPN #1], the LPN in #2] and the Phlebotomist the [Resident #1] while I left ut I could not find her so I got I LPN [LPN #2]" I ment completed by LPN urse] #2 documented, "At 4:50 p.m.] [CNA #3] reported ht] arm had made a large led, did she hit it on [CNA #3]; we were holding hen I heard a loud pop." I came down hall and I lessed Resident. Upon rearm] swollen and purple din. [Resident #1] c/o Other nurse medicated. I | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | TIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|--------------------|--|--------------------------------|----------------------------|--|--|
| | | 045417 | B. WING | | | C 04/02/2013 | | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | E | 1,102,120,10 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI TAG | | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | | |
| F 323 | [4:55 p.m.] I was notif [Resident #1] became tech was doing a block throwing arms around loud pop. I entered reforearm was turning the move her hand latera 1715 [5:17 p.m.] give stated it 'hurt a little'. forearm, wrist and ha fractured right ulna. A [Hospital] ER per ambiguitation of the first per move her hand latera 1715 [5:17 p.m.] give stated it 'hurt a little'. forearm, wrist and ha fractured right ulna. A [Hospital] ER per ambiguitation of the first per | prox [approximately] 1655 fied by [left blank] that e very combative while lab od draw. While resident was d everyone in room heard a com and an area on [right] blue and resident could not lly. Swelling began. At in Tylenol because resident Ordered Xray for right ind. Results being a At 1915 transferred to coulance." Prort dated 12/13/12 ent #1] is a 90 - year old who injured her right arm ame in to draw her blood and she did not want them and they restrained her get that blood drawn and up with an ulnar shaft red. She is reasonably tainly seems pleasantly in: She is in a short arm al range of motion of her in is not terrible easy to get esterial] and lateral x-rays of in the emergency room splaced fracture of the distal some mild angulation and | F | 323 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|-------------------|--|---|-----|-------------------------------|--|
| | | 045417 | B. WING | | | l ' | 02/2013 | |
| | OVIDER OR SUPPLIER | : | 1 | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | 04/ | 02/2013 | |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 323 | We will keep her in the will see her back in the with AP and lateral x-of plaster" g. The Plan of Care of documented, "Problem: Behavion Physically Abusive - see staff and other reside Approaches: Always Workers when provide purpose of care or me givingIntervene as real & safety of othersR when she becomes a care, provide time & see scalate in her behave calm tone, alternate see becomes combative of attempt to draw lab Problem: Osteoporose Resident is at risk for osteoporosis Approaches: 12/10/1 increase in combative potential for injury/fra | er over to a short arm cast. Lat cast for 5 more weeks. I also office 5 weeks from now rays of her right forearm out dated 1/22/13 thru 4/22/13 TProblem Date: 2/18/13 slapping, hitting, and kicking nts" have two Health Care ing personal careExplain | F | 323 | | | | |
| | h. Staff who were in time of the injury were | the resident's room at the e interviewed: | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|---|--|---|-------------------------------|----------------------------|--|
| | | 045417 | B. WING _ | | | | 0 2/2013 | |
| | OVIDER OR SUPPLIER | | • | STREET ADDRESS, 1125 NORTH CO FAYETTEVILLE | | • | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EAC | PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD B S-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 323 | had been working the since August 2012. Staught (at time of Orie a resident becomes to they are to leave alon sometimes I'll try talki calm them down before the stated, "Yes, [Resident #1] back in stated, "Yes, [Resident #1] back in stated, "Yes, [Resident #2] cam already attempted to unsuccessfully before asked to come help be #3] got her to agree to blood but when she ket to draw blood she stated in the land of the land | p.m., CNA #1 stated she 3 - 11 shift on the 6th floor she stated that she had been entation but not since) that if to combative during care e and come back; but ing to them first to attempt to re I leave them alone. Immembered the incident with December 2012. She int #1] wasn't being ab draw - kicking the first CNA to assist before e in to help as well. I had calm her down the other two CNAs were y the Phlebotomist. [CNA to let Phlebotomist. [CNA to let Phlebotomist draw inelt down and began trying rited kicking at Phlebotomist g to block the kicks and she e on my left shoulder and my head is when we heard #1] looking up at [CNA #3] u did, you broke my arm,' , 'All I was doing was | | 323 | DEFICIENCY) | | | |
| | verify the interview no p.m.). She stated, "If will hit and kick. I'm r fractures due to her h people/objects. The i | ntes above (3/25/13 at 4:40 Resident #1 is upset she not aware of any prior itting and kicking at nterview was stopped and med at 5.50 p.m., she | | | | | | |

| _ ` ' | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | | 045417 | B. WING _ | | | C 94/02/2013 | |
| | ROVIDER 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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETION DATE | |
| F 323 | had happened when not sure if [CNA #2 an Phlebotomist asked to who was holding her #3]. I was on left side Phlebotomist because her. I didn't see how there would be a Stat [CNA #3] say, "I'm ho could not see where sposition I was in. [LP said in the Witness Sme, [CNA #2 and #3] told you about what I [CNA #3] told [LPN # down then she chang holding her shoulders she said that she was she said, "No, you me." After this meeting into the room by them minutes, then [LPN # room, gave us all a bit told us to fill out the she down that she was be when [CNA #3] said I holding her. I did not DON about what acture [LPN #1] talked to us just didn't know what out in the open now, in ever since." 2) On 3/26/13 at 3:20 she remembered the back in December 20 | nlebotomist had told what she became combative. I'm and #3] came in after hem to or not. I am not sure down, I think it was [CNA e putting my back in front of e Resident #1 was kicking at she was being held. I knew le Investigation. I did hear lding as tight as I can." I she was held from the N #1] told us what had to be tatements in a room her, I told [LPN #1] what I just saw and heard. At first 1] she was holding her arm led her story to she was so. I told [CNA #3], I thought is holding her arm down and just have misunderstood ing, [LPN #1] took [CNA #3] | F3 | 23 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL ⁻ A. BUILDI | | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
|--------------------------|--|---|------------------------------------|-----|---|-------------------|----------------------------|
| | | 045417 | B. WING | | | | 02/2013 |
| | OVIDER OR SUPPLIER | | 1 | 11 | EET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE AYETTEVILLE, AR 72703 | , | V2:20.10 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | went into her room duband aid over hematoher left arm. Me and [CNA #1] was already door because there withe Phlebotomist in this standing in front of left standing in front of he down by talking to he when lab started puttithe CNAs squatted do she [resident] starting. They all were in front to see what was going loud pop even from with because it was so lou had been instructed to becomes combative of are suppose to leave for them to calm down was probably already #3] came in there. Stands was so agitated, and see if she calmed abuse because she giftom the beginning with maybe should have led one on purpose. I dishandled differently buth after reading interview said, "I don't agree with believe it was an acciabove statement after." | arm was fractured. We te to the Lab needed to put tema, I call it a big bubble, on [CNA #3] was together, in there. I stood by the tere already two CNAs and tere. [CNA #1], was it leg and [CNA #3], was it right leg, tried to calm her in. Initially it worked, but ing on the band aid both of bown in same location and kicking and screaming. of resident so I was unable ig on but I did hear a very here I was standing d." When asked what she | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X | | I DENTIFICATION NUMBER. | |) MULTIPLE CONSTRUCTION BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 045417 | B. WING | | | 1 | C 02/2013 | | |
| | ROVIDER OR SUPPLIER | | • | 1125 | ADDRESS, CITY, STATE, ZIP CODE NORTH COLLEGE ETTEVILLE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | | |
| F 323 | she remembered Reswith her back in December was fractured during "Yes, I was present domemory the Phleboton name asked [CNA #2] by [Resident #1] room said, ok. We go into already in there. [Rewheel chair at the bot facing the door and [Considerate] side. She stayed on switched around. [Chonght side. [CNA #2], all the way in there. Shottom of the A - bed, and Phlebotomist was side. I'm right here, [standing to the left batake care of her all the her. She was upset was tarted to kick at her. arm and pressed the #1] verbally said, It hagain and I want to sathat hot second. The was a lot quicker than to block the hit and profithe way. That's who down and hit [CNA #7] we heard a pop; I'm go because I know what pop. I don't know if it down swing when she the pop. I think it was hit [CNA #1] and then | 7 a.m., CNA #3 was asked if sident #1 and the incident ember 2012 when her arm a blood draw? She stated, uring that incident. From my mist; I don't remember her and I as we were walking if we could come help. I the room and [CNA #1] was sident #1] was sident #1] was on her right the right side; none of us NA #1] was on [Resident #1] I'm not sure she didn't come she stayed closer to the [CNA #3] demonstrated as ick side of the wheel chair. I se time, I know how to handle with the Phlebotomist and She was holding her left band aid on it and [Resident urts.' She goes to kick her ay at least 2 or 3 times in [CNA #1], her reaction in mine and she went down ushed the Phlebotomist out then [Resident #1] reached I] with her right arm. Then loing to say I heard a pop I heard and it was a loud was the up swing or the exhit [CNA #1] that I heard is when she went down and is swung arm up and that's. This is the critical point, I | F | 323 | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | | | | |
|--|---|--|-------------------|-----|---|-------|----------------------------|
| | | 045417 | B. WING | | | l | C 02/2013 |
| | OVIDER OR SUPPLIER | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | 1 04/ | 02/2013 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | don't really know it just heard the pop and that you all hear that and of thatLike it was loud it and she was still the It was loud enough for After hearing the popurise. I had trouble for wasn't on the floor. I know I came back who was [LPN #1] that I brown it was. [LPN #2], I who it was. [LPN #1] have been [LPN #2], is she was then asked what I heard. Sounds Before doing our With called into a room with CNA #1, LPN #1] and [LPN #2] was in there said we could get into reported to the State. would be in trouble. I why. If the xray had of then said arm fracture trouble. That meant to The meeting in the roserious the situation what happened before might have been in the long. I want to say work was then asked it write or not write on the said with the said was then asked it write or not write on the said write or not write on the said will be say we she was then asked it write or not write on the said will be say we was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was then asked it write or not write on the said was the said was then asked it write or not write on the said was the said w | st happened so fast. We at's when [CNA #2] said, did we said, yeah we heard enough for [CNA #2] to hear ere at the bottom of A - bed. In her to say what was that. I left the room to get the inding her initially. She don't remember who I told. It is a nurse. I want to say it rought back to the room. I don't know. Trying to think wrote the report. It might then [LPN #1] came later." What she told the nurse? That I don't remember in wer I told them it had to be end like she broke her arm. Hess Statements, we were he [LPN #1]. It was [CNA #2, myself. I don't remember if the LPN #1] didn't say much; to trouble and it would be She didn't say why we think we all understood come back with her wrist end, we would be in bad on me a mark on our license. On was to warn us how was. I think we explained we we went into the room; it e room, we weren't in there | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | | • | 11: | EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE NYETTEVILLE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | the State will review it said. I have never be before. I have comple before but not anythir to hear from State. I Administrator or DON they may have talked CNA #2]. It's been averemember talking to the scared. LPN #1 scare anything since the incomplete scared. LPN #1 scare anything since the incomplete scared anything since the incomplete scared. LPN #1 scare anything since the incomplete scared anything since the incomplete scared in the scare and the | e this will be reported and the That's basically what she en through anything like this eted Witness Statements ig like this. I was expecting did not talk to the They didn't talk to me; to [LPN #1, CNA #1 and while ago and I don't them. We were all really ed us but I haven't heard cident." To read her Witness the adding it she was asked if these Statement was an the incident. After a long to say, I don't remember in the held when after she to say someone held her the member the incident. I the trying to be as honest as I set is knelt down to put the them. She swings down and that [CNA #1] maybe to then, I don't remember. I | F | 323 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL | | ONSTRUCTION | (X3) DATE COMP | SURVEY PLETED |
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| | ROVIDER OR SUPPLIER | | • | STREET ADDRESS, CITY, STATE, ZIP COL 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | stated, "I can add to rake us in a room. Shanything in the Witner viewed as Abuse" She was then asked in down? After a very low want to say No, then break her armshe hat that's when we heard up in the air and she was till focused of because she is still kink helt down trying to say [CNA #1] was still focused of because she is still kink helt down trying to say [CNA #1] was looking was going down to hit reached over her. I down this in the wheel chair. I was the was her arm while I mad at the Phlebotom to [LPN #1] and then write that she was her and we could lose out. After another pause stold us this, what I she | ness Statement? She ny statement, [LPN #1] did ne did tell us not to say as Statements that could be If she held Resident #1 arm ang pause she stated, "I I want to say YesI did not ad already hit [CNA #1] and the pop when her arm was was coming down to hit nat's when I grabbed her the pop, I think [Resident on the Phlebotomist cking at her and [CNA #1] hield the Phlebotomist. down. When [Resident #1] ther again is when I on't think I grabbed her. I on't her arm was was coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down to hit on the pop was a coming down | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 045417 | B. WING | | | | C / 02/2013 |
| | OVIDER OR SUPPLIER | | 1 | 11 | EET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH COLLEGE AYETTEVILLE, AR 72703 | , | V |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | BE | (X5) COMPLETION DATE |
| F 323 | [Phlebotomist] was as incident with Residen: She stated, "Yes, but in the hallway or in he stick her after I had exgoing to do. I stuck he the one that was brok a second after I stuck arm up and took the tritle combative, ie: she was trying to pust concerned about getti because she was blee was no pressure appl hematoma but I can't hematoma. It is not opeople help with combatome. I don't remember not. I did not hear a push the statement and after remarked in her W time she began crying this is over, I couldn't #3] was holding her ricleaning the blood. She down during this time me but I was told not there that she was ho have been [CNA #3] thonestly don't remem told the next day by [Cipulled into a room and the state of the | sked if she remembered the t #1 in December 2012. I don't remember if she was er room when she let me kplained to her what I was er (in the arm opposite from en) and she did ok for about her. After that she bent her ourniquet off and became a e was fighting me to stop, in me away. I was just ing cotton ball on her arm eding everywhere. There ied and she had the remember the size of the ommon practice to have bative residents until it gets per if I got band aid on or opping sound. Shown her Witness eading it, she stated, very good memory." She is really what happened as itness Statement? At this gand stated, "I'm so proud even sleep that night. [CNA ght arm down while I was of left arm where I had a was holding her right arm. I don't remember who told to put [CNA #3's] name in Iding her down. It could | F | 323 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER: A. BUILDING | | MULTIPLE CONSTRUCTION ILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 045417 | B. WING | | | | C / 02/2013 | | |
| | OVIDER OR SUPPLIER | E | • | 1125 | T ADDRESS, CITY, STATE, ZIP CODE S NORTH COLLEGE ETTEVILLE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE. | (X5) COMPLETION DATE | | |
| F 323 | Witness Statements we have to say? She the medication cart of said on the Witness everyone that they shelping and she was when they heard the She was asked after the facility ever ques She stated, "No, I fill Statement before I less She was then asked (Resident #1) was he #3] was standing at the wheel chair where he arm rest of the wheel hand at her elbow ar wrist/hand. She said I can. At that time [Right hand/arm when smashing her right high wheel chair's right ar arm around when this after she pushed her 'Oh, I think I brok i. The nurses who re injury were interview 1) On 3/26/13 at 2:27 was asked if she rem Resident #1 back in stated, "Yes, I was powhen I had a CNA co | c CNAs filling out their if anybody said, this is what e stated, "The CNAs were at liscussing what had to be Statements. [CNA #3] told hould say they were just flailing her arms around pop." that night, did anyone from tion you about this incident? ed out the Witness if that night." to demonstrate how eld down. She stated, "[CNA he resident's right side of her er arm was lying on the right I chair. She held with one ad the other hand across her I, "I'm holding her as tight as esident #1] tried to raise her [CNA #3] beared down hard and/wrist down on top of the m rest. She did not flail her is happened. Immediately arm back down she stated, e her arm'!" | F | 323 | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | L' IDENTIFICATION NUMBER. | | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | | |
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| | | 045417 | B. WING _ | | | C 04/02/2013 | | |
| | ROVIDER 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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | | |
| F 323 | the 3rd time still looki appearing very panic anything I could help was in the room and [Resident #1] arm ansaid, wait a minute, yher if she was sure shomething. She said anything. After assest that point it was probe Doctor and he ordered to the side and told hime and this is a report downit's abuse. Be before I got to tell [LF their stories had chard do since the stories hime when they were holding her arms arou of the CNAs and mysand said, 'Get your sthappened?' No one sholding her arm down told me that they were arm snapped. She to misunderstood her be told me. I do know the because she told me get anybody in trouble anybody down anymous Administrator the next they had originally tol now their stories had | After seeing her [CNA #3] Ing for [LPN #1] and It ky, I asked her if there was with. She told me the lab they were holding her did they heard a snap. I then ou heard a snap and asked he didn't hit her arm on no, she didn't hit her arm on sing her, I determined at ably broken and I called the didn't and I called the didn't hit her arm on sing her, I determined at ably broken and I called the didn't and I called the didn't and I called the didn't asked; you can't hold people fore I got Xray results and they will had been told; and changed from it broke and changed from it broke and changed from it broke and it when she was had. [LPN #1] then pulled all left into the office together ories straight; what at that point admitted to he holding her down when her old me that I must have because that's not what she he lab lady was talked to the next day, 'I don't want to be but, I'm not going to hold ore.' I talked to the the morning and told her what did me what happened but changed. I do not know ractured it like that just by | F3 | 23 | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| | | 045417 | B. WING | | | | 02/2013 |
| | ROVIDER OR SUPPLIER | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE CAYETTEVILLE, AR 72703 | 1 04 | 02/2010 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | 2) On 3/27/13 at 9:54 interviewed via teleph remembered the incid December 2012 wher during a blood draw. knew [Resident #1]. Shall. I was the nurse. came to get me when combative. I don't reme I remember [LP] she told me she had gone of the CNAs, [#2 after I shipped [Resident #1] got comdrawing blood She too hard when [Resident #1] got comdrawing blood She too hard when [Resident #3] in the office It might have been aft shipped out that I talk #3], that [LPN #2] had her down. [CNA #3] sme the same thing. I was talking to the lab statements [LPN #2 me her arm broke bed down her arm This is what happened and statement I usually nurses station to fill of don't remember what to [CNA #3] in a room to write or what not to statements." LPN #1 does if she receives a against a resident. Si | a.m., LPN #1 was one and asked if she lent with (Resident #1) in in her arm was fractured The LPN stated, "Yes, I She was a resident on my I did not witness it but they the resident became member who came to get N #2] being there because gotten another story from or #3]. She told me this ent #1] She told me ibative when they were the thought they held her arm ent #1] became combative. I told her this or what. I took to ask her what happened. The IResident #1] was ted to her I told her [CNA I told me they were holding said 'no'. The Lab Tech told didn't know at the time I tech, there were conflicting I was the only one that told cause staff was holding is when I asked [CNA #3] he denied [LPN #2's] get all witnesses to come to out witness statements. I I did that night. I only talked I did not tell anyone what write on witness was then asked what she in allegation of abuse he stated, "The first thing I y supervisor, but as far as I | F | 323 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING | | (X3) DATE SURVEY COMPLETED | | | | | |
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| | | 045417 | B. WING | | | | 02/2013 |
| | OVIDER OR SUPPLIER | | <u>. I</u> | | REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | 1 04/ | 02/2013 |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | allegation of abuse ur an allegation of abuse supervisor. I told [RN allegation of abuse ar her about the xray. I was. I showed her m statements. I'm not s that, I think she did. I remember. I have no then asked if she was She stated, "No, they been working so man a CNA with a resident my boob so hard it hu that's abuse." At 10:4 statement and atteste the phone. 3) On 3/27/13 at 3:14 she remembered the back in December 20 fractured during a blo other than what [LPN came during supper a they had difficulty draw of the conversation for trouble drawing [Resident asked someone what she broke her arm. I offered an explanation anything If I had beduring care, I would ir or persons in the roor start an investigation. refuse and if they are | ntil now. I did consider this e, that is why I talked to my #1] that I had received an ound the same time I told am not sure what time it ine and CNA #3's witness ure if she did anything after t's been too long ago, I don't thing else to say." She was e still employed at the facility. fired me because I had y hours and I was assisting when he hauled off and hit art. I spatted his hand, and the same she was read her id to its accuracy verbally on p.m., RN#1 was asked if incident with Resident #1 | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 045417 | B. WING | | | C 04/02/2013 | |
| NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME | | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | 1 04/ | 02/2013 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | I | ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT PROVIDER AS CROSS-REFERENCED TO THE APPRODE DEFICIENCY) | | BE COMPLETION | |
| F 323 | can't force them." j. Management Staff investigation of the incident one of the incident one of the staff membractually called me; try involved] told me Lab drawn the blood and to put the bandage or fighting, became comout and found more swhen staff went back and swinging at herse notified [Physician #1] her for an Xray. I had witness statements for the lab girl. Then we, was, me and the Adm witness statements are was here to verify who witness statements, I who said they were he heard the pop, I called why her witness state documented that she she told me because [CNA #3]. We did into determine if any had put the staff. I don't have residents documented body audits of resider who had been cared in present during the incidents. | were interviewed regarding cident: a.m., the Acting DON that she first became with [Resident #1], " when were [don't remember who wing to remember the nurses lady was here and had when she was getting ready in she [Resident #1] started bative. The Lab Tech went taff to come in and help and in her room she was kicking left. They heard a pop, they and got an order to send them, the nurse to get form all that were there even the next day I believe it winistrator went through the lad spoke to all the staff that at happened. One of the believe it was the nurse belding her hand when they dat home to question her ment was the only one that had been held down and that is what I was told by erview staff and residents to problems with lab draws or the interviews with the dand we did not do any ints with recent lab draws or | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 045417 | B. WING | | | C 04/02/2013 | |
| NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME | | | | - | REET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703 | 1 04/ | 02/2013 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT TAG CROSS-REFERENCED TO THE APP DEFICIENCY) | |) BE COMPLETION | |
| F 323 | transport person gave the break occurred will down during a lab dra Ortho doctor or the tra out. I did talk with [CI had reported to me. So fher being combativ arms up when they he documented where I thing I remember doir #1 and asking him if he caused by being held feel like it was thoroug we spoke to [CNA #3] call Ortho doctor becagot that information be driver nor he was preserved where they got their in stated, "If a resident to have been instructed charge nurse and the use the individual app. We try and train on the also when we do abus were trying to assist a into anything. [LPN #Abuse situation that or resident." 2) On 3/26/13 at 11:17 Administrator (Current being asked if and what the incident with [Resident #1], that with [Resident #1], that with the incident #1], t | him the information that hen staff were holding her w but I have not called the ansport driver either to find NA #3] about what the nurse She gave the same account e and she was throwing her eard a pop. I don't have it alked to [CNA #3]. The only now as talking to Physician her thought the fracture was down during a lab draw. I ghly investigated because and [LPN #2]. We did not have we had no idea how he ecause the transportation sent during the lab draw. I ghly investigated because the transportation sent during the lab draw. I ghly investigated because the transportation sent during the lab draw. I ghly investigated because the transportation are to walk away and notify the next to walk away and notify the next try to teach them to proach with each resident. The at several times a year and se training. I feel like they and not really pressuring her at several times a year and the training. I feel like they are training. I feel like they are training to the training that the incident in December at initially she rejected on by the Phlebotomist. | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|--------------------|--|---|--------|----------------------------|
| | | 045417 | B. WING | | | | 02/2013 |
| NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME | | | | STREET ADDRESS, CITY, 1125 NORTH COLLEG FAYETTEVILLE, AR | GE | 1 0-11 | 02/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | X (EACH CO | DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | site. They had steppe her arms out at the st I know we initiated a submitted to OLTC [C) We decided that there to hearing a pop and statements during ou reviewed it with the M I'm sure I reviewed the don't remember where there should have be residents. I didn't known understand that bleed sure they were focused reason they did not be. After reviewing the with Administrator stated, bleeding in these, just person is combative the stepped away and statements. I really did statements. I really did statements. I really did statements. I really did statement about this questioned [CNA #3] statement about why had told her initially the down to obtain the broken her arm." | ray leaving bleeding at the ed back, then resident flailed aff and they all heard a pop. reportable and it was office of Long Term Care]. was no abuse alleged due reviewing the witness investigation and we also dedical Director about this. witness statements but I in I did it. I understand now en audits/interviews of other ow before this happened. I ding was a concern so I'm ed on that and that is the ack away." It these statements the "There is no mention of the hematoma. When a he staff should have poped the procedure. The proceeded with applying the of the hematoma." | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IPLE CON | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|---------------------|----------|--|------------------------|----------------------------|
| 045417 | | | B. WING _ | | | C 04/02/2013 | |
| NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME | | | | 1125 N | ADDRESS, CITY, STATE, ZIP CODE ORTH COLLEGE TTEVILLE, AR 72703 | 1 04/ | 02/2013 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 323 | would have been a pr why he said that or ho conclusion." "I know now other res assessed, a conversa with the Ortho Doctor should occur and we've 2/8/13 incident. We s job investigating this." After reviewing the Nu and completed by [LP stated, "I don't remem assume I told her to corecall, so I don't know to [Acting Administrate handle situation.' She | idents should have been tion should have occurred further staff education we started this after the should have done a better was Note dated 12/9/12 N #1], she [Administrator] aber that phone call but I all the Doctor but I don't what she meant by 'Spoke or] and advised how to e was terminated in teraction she had with a | F | 323 | | | |