

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2025
NAME OF PROVIDER OR SUPPLIER  Pocahontas Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  105 Country Club Road Pocahontas, AR 72455	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0726  Level of Harm - Actual harm  Residents Affected - Few	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interview, and facility document review, the facility failed to ensure that nursing staff responded appropriately to an unwitnessed fall, specifically failing to notify the appropriate parties and initiate neurological checks for an unwitnessed fall for one (Resident #1) of three residents reviewed for falls.</p> <p>Following the incident and prior to the surveyors entry into the facility, the facility terminated LPN #1 and initiated and completed a corrective action plan, thus these findings indicate past non-compliance.</p> <p>The findings include:</p> <p>A review of the admission Record indicated that Resident #1 was admitted [DATE] with diagnoses that included hypertensive encephalopathy (brain dysfunction) and hypertensive emergency.</p> <p>A review of the admission Minimum Data Set with an Assessment Reference Date of 02/14/2025 revealed Resident #1 had a Brief Interview for Mental Status score of 8, which indicated moderate cognitive impairment. The MDS also indicated Resident #1 required partial or moderate assistance with toilet transfer, with the helper doing less than half the effort. Resident #1 had a fall in the last month, had a fall within the last two to six months, and a fracture related fall within the last six months.</p> <p>A review of the Care Plan, initiated on 02/13/2025, indicated that Resident #1 required weight-bearing assistance with activities of daily living due to weakness, that Resident #1 was at risk for falls, and had an actual unwitnessed fall on 02/20/2025, with the goal that Resident #1 will not sustain serious injury through the review date.</p> <p>A review of the Fall Risk Assessment, dated 02/20/2025 at 12:22 PM, indicated that Resident #1 scored a 13, which indicated a high risk for falls.</p> <p>A review of the Order Summary for Resident #1 revealed an order, dated 02/13/2025, for an anti-platelet medication to be administered one time daily.</p> <p>A review of the OLTC (Office of Long-Term Care) Witness Statement, dated 02/20/2025 at 6:43 PM and provided by LPN #5, indicated Certified Nursing Assistant (CNA) #2 had placed Resident #1 on the toilet. Resident #1 pulled the call light, which indicated they were finished. While CNA #2 was walking toward the room, she heard the resident fall. LPN #5 entered the room and found Resident #1,</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0726</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>staff verbalized understanding on the following I wanted to remind everyone that for all incident reports, you need to conduct neuro checks unless the incident was witnessed and you can confirm there was no head impact.</p> <p>Following the incident, and prior to the surveyors entry into the facility, the facility terminated LPN #1 and initiated a corrective action plan, which included:</p> <ol style="list-style-type: none"> <li>1. Auditing all resident profiles to ensure contact information is available for notification, completed 02/20/2025.</li> <li>2. Audit all resident Kardex's to ensure ADL tasks are visible, completed 02/20/2025.</li> <li>3. In-service MDS Coordinator to input ADL tasks to Kardex next working day after admission, completed 02/20/2025.</li> <li>4. Initiate in-service to all Nurse staff on completion of admission Nursing Evaluation Form with specific focus on Functional Abilities and Baseline Care Plan sections, completed 02/23/2025.</li> <li>5. Review all unwitnessed falls for the last three months to ensure neuro checks were completed. Change in Condition Assessment to be completed on all residents who did not receive neuro checks per audit, completed 02/21/2025.</li> <li>6. Initiate in-service for all Nurse staff that neuro checks must be completed on all unwitnessed falls, completed 02/23/2025.</li> <li>7. Initiate in-service for all Nurses staff on immediate notification to provider and family via direct communication, completed 02/23/2025.</li> <li>8. Initiate in-service for all direct care staff that residents who are assessed as high risk for falls should not be left unattended in the bathroom, completed on 02/23/2025.</li> <li>9. Review all resident Kardex's to ensure residents who are high risk for falls is noted on the Kardex, completed 02/22/2025.</li> <li>10. All falls will be reviewed by nurse management daily to ensure I&amp;A is completed correctly and neuro checks are initiated as appropriate, ongoing.</li> <li>11. Initiate -in-service to all Nurse staff on completing I&amp;A, completed 02/23/2025.</li> <li>12. Initiate in-service to all Nurse staff on performing an assessment with a change in condition, documenting that assessment, and notifying provider and responsible party of change, completed 02/23/2025.</li> <li>13. Run Form Scoring Report for admission nursing evaluation, fall risk score, fall risk assessment, weekly and place in a binder reference, ongoing.</li> <li>14. All monitoring forms related to this action plan will be reviewed by Administrator and any negative findings will be addressed immediately and included in Q&amp;A process, ongoing.</li> </ol> <p>(continued on next page)</p>		

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F 0726  Level of Harm - Actual harm  Residents Affected - Few	15. Nurse Management will monitor for changes in condition and follow up through Clinical Start up, review of 24 hour/ 72 hour reports, and walking rounds, ongoing.		