

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Jamestown Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Hampton Place Rogers, AR 72758	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on observation of medication administration, interview, record review, facility document review, policy review, and the manufacturer's instructions, the facility failed to follow manufacturer's instructions during the administration of insulin for 1 (Resident #69) of 4 residents sampled for medication administration.</p> <p>The findings are:</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/24/2025 revealed Resident #69 had a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact. Resident #69 had active diagnoses which included renal insufficiency and diabetes mellitus. The resident also received daily injections of insulin</p> <p>A review of a Care Plan Report indicated Resident #69 had diabetes mellitus, with instructions to administer medications as ordered by the physician.</p> <p>A review of active Physician's Orders from 05/21/2025, revealed Resident #69 had diagnoses, which included: type 2 diabetes mellitus, with diabetic chronic kidney disease. Resident #69 had an order for a long-acting insulin to be administered subcutaneously, one time a day.</p> <p>During an observation on 05/21/2025 at 8:40 AM, the Assistant Director of Nursing (ADON) was observed preparing an insulin pen for Resident #69. The ADON prepared the insulin pen, without priming it with two units, then administered the prescribed insulin dose to Resident #69, without holding the dose plunger in for a count of six, after the initial administration. The ADON immediately removed their finger from the plunger but held the insulin pen to the skin for a count of five.</p> <p>During an interview on 05/21/2025 at 8:37 AM, the ADON confirmed the insulin pen had not been primed, prior to administration, and the plunger had not been held down for a count of six, after stating the plunger had been released immediately.</p> <p>During an interview on 05/21/2025 at 9:26 AM, the Director of Nursing (DON) was asked how an insulin pen should be prepared, prior to administration. The DON confirmed the insulin pen should have been primed prior to administration, with two units of insulin, and the plunger should be held down for the appropriate count, after the administration, usually five to ten seconds. The DON confirmed the expectation of the staff administering medications, according to the manufacturers recommendations, and to follow the facilities policies.</p> <p>During an interview on 05/21/2025 at 3:21 PM, Resident #69's Primary Care Physician (PCP), confirmed the dose ordered for the insulin pen, was expected to be administered. The PCP confirmed that if a</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dose was ordered, then that was the dose expected to be administered. If a dose was missed, then the resident may have needed to be assessed, and the dose adjusted.</p> <p>A review of a Medication, General Administration of policy revealed the physician's order must be verified prior to administering medications, and a current drug reference was available.</p> <p>An Inservice Education Report dated 05/22/2025, was reviewed and read in part, when injecting with an insulin pen, Step seven: turn the dose select to 2 units. Step eight: Hold the pen with the needle pointing up. Tap the top of the pen gently a few times to let any air bubbles rise to the top. Step nine: hold the pen with the needle pointing up. Press and hold the dose button until the dose counter shows 0. The 0 must line up with the dose pointer. A drop of insulin should be seen at the needle tip. If you do not see a drop of insulin, repeat steps 7 to 9 . Step Thirteen: press and hold down the dose button until the dose counter shows 0. The 0 must line up with the dose pointer. You may hear a click. Keep the needle in the skin after the dose counter has returned to 0 and slowly count to six. When the dose counter returns to 0, you will not get a full dose until 6 seconds later . The training was signed by five nursing staff.</p> <p>A review of the manufacturer ' s Instructions For Use, revised 07/2022, revealed the following steps: Priming your insulin pen, Step 7: Turn the dose selector to select 2 units. Step 8: hold the pen with the needle pointing up. Tap the top of the pen gently a few times to let any air bubbles rise to the top. Step nine: Hold the pen with the needle pointing up. Press and hold in the dose button until the dose counter shows 0. The 0 must line up with the dose pointer. A drop of insulin should be seen at the needle tip. If you do not see a drop of insulin, repeat steps 7 to 9. To administer the insulin pen injection, insert the needle into the skin, press and hold down the dose button until the counter reaches 0, keep the needle in the skin and count slowly to six. When the dose counter returns to 0, the patient will not get the full dose until 6 seconds later.</p>