

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Evergreen Living Center at Stagecoach		STREET ADDRESS, CITY, STATE, ZIP CODE 6907 Highway 5 North Bryant, AR 72022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview and record review, it was determined the facility failed to ensure staff followed a care planned intervention requiring two staff members to perform a mechanical lift transfer for 1 (Resident # 43) of 4 sampled residents reviewed for accidents.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/14/24 revealed the resident scored a 0 on a Brief Interview for Mental Status (BIMS) (0-7 indicates severe impairment) and was on hospice care. The MDS revealed diagnoses of Alzheimer's disease, Non-Alzheimer's dementia, and Parkinsonism. <ol style="list-style-type: none"> a. A Care Plan, dated 1/14/2025, indicated Resident #43 required a mechanical lift with 2 staff member ' s assistance for transfers. b. Review of Resident #43's Hospital records for hospital admission with a date of 1/27/2025 revealed an operation note with date of service of 1/28/2024 that indicated a preoperative diagnosis of right distal femur fracture, operative procedure open reduction and internal fixation of right distal femur. This patient with advanced dementia and Parkinson's disease. Patient is on hospice but now lives in a geriatric care facility, was found to have a right femoral fracture. There was no reported fall. Clearly something happened as she had a displaced right femur shaft fracture. Details of the procedure indicated there was a lot of hematoma (pooled blood) at the fracture site, and the fracture was very displaced, and muscle was interposed in the fracture site. c. An OLTC (Office of Long-Term Care) Witness Statement dated 1/28/2024 and signed by Certified Nursing Assistant (CNA) #1 revealed on 1/26/2024 at 4:45 am Certified Nursing Assistant (CNA) # 1 log rolled Resident # 43 to tuck and get the lift pad under Resident # 43, I used a crank lift to lift [Resident #43] out of bed and into [the resident ' s] chair .I didn't have help and didn ' t ask anyone on another hall because we were short staffed , without assistance and did not report the improper transfer. d. On 1/29/2025 at 4:14 pm, the surveyor interviewed CNA #2 regarding Resident #43. CNA #2 stated while placing Resident # 43 back in bed on Sunday 1/26/2025 at 1:30 pm, it was noticed the resident ' s knee was swollen, the resident was grimacing and not smiling, which was reported to Licensed Practical Nurse (LPN) #3. e. A Nsg-Hot Rack progress note dated 01/26/2025 at 7:36 pm read, [Resident #43] has some swelling in her right knee that has not always been there and when move [the resident] grimaces in pain. <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 045457
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>f. A progress note dated 01/26/2025 at 10:03 pm read, Resident given morphine for swelling to knee. Hospice nurse made aware by day shift nurse, and they said they will evaluate resident tomorrow.</p> <p>g. A form titled, Radiology Results Report documented, Examination Date: 1/27/25 .Procedure: Knee RT 2 V . Impression: Acute angulated spiral fracture of the distal right femur without prosthetic involvement .</p> <p>h. On 1/29/2025 at 4:16 pm, the surveyor interviewed LPN # 3 regarding Resident #43. LPN # 3 reported being called into Resident #43 ' s room by CNA # 2 on Sunday 01/26/2025 at 1:30 pm regarding a swollen right knee with pain. After assessing Resident #43, LPN #3 notified Baptist hospice of the findings and an x-ray was ordered, and instructions given to put some ice on the leg. LPN #3 stated Hospice said that they will notify the primary nurse to come out the next day to assess the resident and to give further instructions.</p> <p>i. On 1/29/2025 at 4:25 pm, the Director of Nursing (DON) stated that she had done competencies on all CNA staff that have worked, and she began the training on 1/27/2025. The DON reported about 7 staff members that still needed to be trained who had not worked as they were mostly PRN staff</p> <p>j. On 1/29/2025 at 4:39pm, the surveyor interviewed the DON and received an Inservice Education Report indicating staff were to refer to closet care plans prior to transferring resident. 2 staff (licensed staff) must transfer residents when using a (mechanical) lift with no exceptions. The DON reported having conducted the Lift Training Competency training.</p> <p>k. On 1/29/2025 at 5:35 pm, the DON provided a QAA (Quality Assurance) plan showing what she had done once she identified that the transfer was done incorrectly. The DON also provided a monitoring sheet where she watched mechanical lift transfers on 1/27/2025, 1/28/2025 and 1/29/2025.</p> <p>l. On 1/29/2025 at 5:44 pm, the surveyor interviewed Registered Nurse #4 who reported working the 7pm to 7am shift on 1/26/2025 and stated they had given Resident #43 morphine for exhibited signs of pain.</p> <p>m. On 1/30/2025 at 9:00 am, the surveyor spoke with LPN #3, who stated the Hospice nurse was notified of Resident #43 ' s swelling at 3:00 pm on Sunday (1/26/25). LPN #3 stated the DON and Administrator were notified on Sunday (1/26/2025) at 3-4pm of the findings.</p> <p>n. 01/30/25 5:30PM, The surveyor spoke with the Medical Director by telephone and the Medical Director stated that she did not feel that Resident 43 ' s fracture came to the level of IJ (Immediate Jeopardy). The Medical Director stated that she felt the resident ' s fracture was spontaneous. The Medical Director stated Resident #43 was a hospice patient with poor nutrition, had osteoporosis and had lost 10lbs in weight that was why she was put on hospice. The stated that there was no indication of an injury. I explained to the Medical Director that according to the witness statements the Certified Nursing Assistant (CNA) that worked nights had done a two person lift transfer with the mechanical lift by herself on Sunday morning (01/16/2025) about 4:45am when getting the resident up into the chair and at 1:30pm that day the aide who put the resident to bed noted the resident ' s knee was swollen. The nurse who looked at the resident also noted the knee was swollen and the resident grimaced when moved. The Medical Director asked if the aide said anything had happened and I said her statement said nothing unusual happened, but I had not been able to speak with her. The medical director again stated she felt that the fracture was most likely spontaneous.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>o. On 1/30/2025 at 5:45 pm, CNA #1 was interviewed by telephone and asked how much assistance Resident #43 needed with ADL's (activities of daily living). CNA #1 stated Resident #43 was totally dependent on staff for ADL's. CNA #1 was asked how many staff are required to transfer Resident #43 and CNA #1 stated the care plan stated two. CNA #1 was asked how Resident #43 was on the night of 1/26/2025 and she stated that the resident was their normal self. CNA #1 stated she cleaned the resident up, did incontinence care, and put the lift pad under the resident and then transferred the resident to the chair. When asked if she got help for the mechanical lift transfer, CNA #1 stated she was on the hall by herself, they were short staffed, and she did all the care herself. When asked if she tried to get a second person to help with the lift transfer CNA #1 stated no, she just tried to get the work done. She had residents that needed to get up and they (staff) got coachings if they did not get their work done. CNA #1 stated nothing unusual happened during the transfer and the only thing she reported to the nurse was that the resident had been coughing. CNA #1 was asked if she had done any other mechanical lift transfer by herself and she stated, to be honest they do it all the time CNA #1 confirmed she did not work after 1/26/2025 and she was suspended on 1/27/2025 after she received a call from the facility regarding the incident. CNA #1 confirmed that the closet care plan and the residents electronic record documented how much assistance the resident's needed with transfers. She also confirmed she had been trained on mechanical lift transfers on hire, but she did not recall whether she had been in-serviced on following the care plan at that time. CNA #1 confirmed she was in-serviced on the lift and following policies on 1/28/24 after the incident occurred.</p> <p>p. A policy titled, Care Plans, Comprehensive Person Centered (revision March 2022) indicated the care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>q. A policy titled Lifting Machine, using a Mechanical (Revised July 2017) indicated the purpose of this procedure was to establish the general principles of safe lifting using the mechanical lifting device and included at least two (2) nursing assistants are needed to safely move a resident with a mechanical lift.</p>		