

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/14/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/06/2010
NAME OF PROVIDER OR SUPPLIER ALMA HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 HEATHER LANE ALMA, AR 72921	
(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 000	INITIAL COMMENTS	F 000		
F 226 SS=C	<p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>Complaint # 15559 Substantiated (all or in part) with deficiency cited at F226.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure documentation was available to demonstrate employment eligibility for 1 of 1 (Employee #1) employee whose federal background check included disqualifying convictions. This failed practice had the potential to affect all 65 residents, as documented on a list provided by the Business Office Manager on 7/6/10 at 12:05 p.m. The findings are:</p>	F 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>1. An list of employees hired in the past 4 months provided by the Business Office Manager on 7/6/10 documented that Employee #1 was hired by the facility.</p> <p>2. A National Federal Bureau of Investigation (FBI) Records Check documented, "[Name of Employee #1] ... FBI check requested 4/6/10... Determination The applicant/employee identified above does have a criminal record (as indicated below) that results in a determination of employment disqualification ... 1st conviction date of conviction 10/07/82 ... 1st conviction: robbery... 2nd conviction date of conviction 6/10/80... 2nd conviction: robbery." A note stapled to the National FBI Records Check documented, "This person may qualify for this office to disregard (sunset) their disqualifying criminal history if they provide documentation that proves they are not currently on parole or probation." No documentation was provided concerning parole or probation and there was no documentation in the personnel file to indicate the employee had been cleared for work.</p> <p>3. On 7/13/10 at 11:00 a.m., documentation was provided by an Office of Long Term Care employee responsible for Administrator Licensure. The documentation included an Administrative Opinion dated 12/22/1998, which documented, "... it is recommended that [Name of Employee #1]'s license be granted. It is so ordered."</p> <p>4. On 7/13/10 at 11:15 a.m., a copy of the Administrative Opinion dated 12/22/1998 was faxed to the facility Administrator and, during a telephone interview at this time, the Administrator was instructed to keep this documentation</p>	F 226			

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F 226	Continued From page 2 available in the employee personnel file.	F 226			