

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

PRINTED: 05/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/14/2009
NAME OF PROVIDER OR SUPPLIER ALEXANDER HUMAN DEVELOPMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14701 HIGHWAY 111 SOUTH ALEXANDER, AR 72002		
(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	
W 000	<p>INITIAL COMMENTS</p> <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 #14508 was unsubstantiated.</p> <p>Refer to Statements of Deficiencies with Event ID #'s 0ZO813 and TJRV13 for findings from the revisit survey of 5/14/09.</p>	W 000			
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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{W 104}	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Rewritten Deficiency Based on observation, the facility failed to ensure the client environment was maintained in safe and sanitary condition, as evidenced by failure to ensure broken furniture was repaired or replaced and failure to maintain window blinds and window facings in clean condition. The findings are: On 5/13/09 during an inspection of the client environment, the following observations were made: a. At 10:22 a.m. on 1 South: Room 118 had 3 drawers in the chest of drawers that were very unsteady. The TV Room had dirty blinds and a	{W 104}		

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{W 104}	Continued From page 1 dirty window facing with 3 small, brown, crusty objects in front of the blinds. b. At 10:38 a.m. on 1 East: Room 144's chest of drawers had a broken third drawer (the back of the drawer was on the floor). Room 152's chest of drawers had 2 drawers (the first full drawer and the third drawer) which dropped when opened. The second drawer had no handle. c. At 11:15 a.m. on 3 East: Room 328's chest of drawers had a broken top drawer which was off the track. d. At 11:30 a.m. on 3 East: Room 315's oak bedside table had a bottom drawer that fell to the floor when pulled. Room 317 had both drawers broken in the bedside table next to the chest. e. At 12:05 p.m., the food storage area surrounded by a fence had a bottle of ground cumin sitting on the top shelf and 3 cases of Premium Popcorn mini-mix with no dates. f. At 12:30 p.m. on 3 South: The top drawer of the desk was missing and the handle was off the second drawer. The desk had large cracks in the wood.	{W 104}			

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