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2/26/09
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INCIDENT AND ACCIDENT REPORT

Date & Time Submitted (if known) 01/07/09 Date & Time of Discover 6:13P
Facility Name: Branfield Assisted Living Facility Area Code and Phone # (479) 649-7100
Facility Address: 2300 Pinnacle Oaks Dr Ft-Sm ar 72908
Facility Staff Member Completing Form: Amanda W. Brumfield PCH
Date Incident Reported: 01/07/09 Time: 6:15P AM or PM Date and time of Incident: 01/07/09 Time: 6:13P AM or PM
Name of Injured Resident: Maurice Jack Brignac Age: 94 Sex: M Race: C Rmtl 411
Social Security #: [REDACTED] Date of Birth: 4/25/15 Ht. _____ Wt. _____
Physician Name: Dr. Henry

Status of Alleged Perpetrator: Facility Employee Family Visitor Other Unknown

Type of Incident: Neglect Misappropriation of Property: Drugs
Abuse: Verbal Personal Property
 Sexual Resident Trust Fund
 Physical
 Emotional/Mental
Fault: X Other: _____ Type: _____

NOTIFICATIONS: Family: YES X NO _____ Name: Peggy + Steve Date/Time 6:15P
hospital Doctor: YES X NO _____ Name: Sparks Date/Time 6:13P
Law Enforcement: YES _____ NO X Resident Service Director: YES _____ NO _____
Administrator: YES X NO _____

Summary of Incident: res. attempted to put up his wife's wheel (in the carport) + the closet door frame caused him to fall down

Did incident result in death? YES NO X If yes, date of death: _____

Ambulatory: YES X NO _____ Oriented to: (TIME) (PLACE) (PERSON) (EVENTS) (circle one or all)

Steps taken to prevent continued occurrences: _____

Physical Functional Level/Impairments: High / 10 impairment Mental Functional Level: High

Primary Diagnosis: _____

Staff Reporting: Amanda W. Brumfield Date: 1/07/09

Five Day Follow Up: Resident at Sparks

Directors: Mtg Bailey Date: 1/8/09





02/28/09

Cheryl Williams + I Amanda Broughton (Amanda) were walking down the hallway. ^{erap} I noticed that dot had her door open which was not normal for her then I seen yack's legs on the floor so I ran over to the door dot moved in front of the refrigerator by yack. I lifted the door off of his right side of his body + layed it against the wall by the closet/ front door. (The door was very heavy. I could not carry it into the hallway so when I went up to the nurses station to contact Steve, mitzi + possibly the hospital I told Chuck I needed his help moving the door into the hallway because I could not move it.) I asked Jack if he hit his head on anything. he stated that "I imagen I did" res. was clearly in pain though he was not bleeding his right upper leg, thole was swollen and bruised. I asked yack to tell me what happened in his own words + yack stated that he was putting away his wifes shoes and when he opened up the closet door it fell on him causing him to fall down. I asked yack if he was in pain. + if he hurt anywhere he stated that his hip hurt. I asked him if he wanted to go to the hospital just to be sure everything was okay because the door was so heavy yack stated that he didn't know. so then I went to the nurses station + called Regans

So I then called the administrator of Brookfield assisted living Mitzi Dee Bailey. I explained what had happened & if she thought his family would get upset if I sent him to the hospital because some families refuse and I didn't want anyone upset. She stated that I could send him if I thought he should go. I then went back to Jack & stated I tried calling Peggy & Steve but they aren't answering the phone so they will call back A.S.A.P they are probably busy. I asked Jack again if he wanted to go to the hospital. Chuck then moved the closet door into the hallway dragging it because of its weight. I stated to Jack that if he was in a lot of pain then he should go to the hospital just to make sure that everything was okay. I stated that he had no pain pills here at Brookfield. Jack stated he didn't think he could even get up so he guesses he should go. So I called Steve on his home phone he stated to send him^{em} Jack to the hospital if Jack said he thinks he should go so I said okay then called Sparks & had an ambulance sent out to Brookfield. Jack was then sent to Sparks in an ambulance when Sparks ambulance arrived.

Amanda N. Broughton
-umandy-

02/28/09

Mitzi D Bailey asked me to re-write my incident report on yacht Brigance. I refused to re-write the report. There was an incident report that mitzi wrote herself also. So I am not sure which incident report is in the file, But I state that I was on duty + I wrote the incident report so it should not be in anyone else's handwriting or have anyone else's signature.

Armanda J. Brungia

OFFICE OF LONG TERM CARE
State Regulated Facilities
Complaint Narrative Report

State Complaint No. 0930

Page 1 of 1

Name and Address of Facility

BROOKFIELD AT FIANNA OAKS
2300 Fianna Oaks Drive

Fort Smith, AR 72901

Date of Visit: 03/05/09

Date of Exit: 03/05/09

Date Report Received: 03/09/09

Worked By:

Betty Wheeler

Nancy Jeffers

ALF1

All Assisted Living Facility #1 Allegations

Substantiated Unsubstantiated Deficiencies Written Deficiencies Not Written

The complainant alleges "I am concerned that a licensed administrator may have exerted pressure to have employees lie and /or falsify a report herself."

During an onsite investigation conducted by Nancy Jeffers, HFS and Betty Wheeler, RN on 2/26/09, a telephone interview was done with employee #1, who was terminated from employment with the facility on 2/25/09 which was prior to the investigation date. During the telephone interview, the employee stated that the facility administrator asked her to redo her incident and accident report dated 1/7/09 on resident #1. The employee stated she did complete a second report but put exactly the same information on it that she had put on the original. She stated "I did not change a thing."

Based on record review and interviews, this complaint is unsubstantiated with no deficiencies written.

Surveyor's Signature/Initials:

Nancy Jeffers

Record #: 08866

03/09/09 10:21

(Report: CTRS-1030)



BAFO-00285

Copy 2/06/09
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INCIDENT AND ACCIDENT REPORT

Date & Time Submitted (if known) 01/06/09 Date & Time of Discover 3:16p
 Facility Name: Brookfield Assisted Living Facility Area Code and Phone # 479, 649-7100
 Facility Address: 2300 Fianna Oaks Drive Ft. Sm Cr, 72908
 Facility Staff Member Completing Form: Amanda D. Brumfield Title: PCA
 Date Incident Reported: 01/06/09 Time: 3:16p AM or PM (M) Date and time of Incident: 01/06/09 Time: 3:16 AM or PM (M)
 Name of Injured Resident: Jack Brice Age: 74 Sex: M Race: C Rm# 411
 Social Security #: [REDACTED] Date of Birth: 9/24/15 HT: 5'10" WT: 175
 Physician Name: Dr. Henry

Status of Alleged Perpetrator: Facility Employee Family Visitor (Other) Unknown

Type of Incident: Neglect Misappropriation of Property: Drugs
 Abuse: Verbal Personal Property
 Sexual Resident Trust Fund
 Physical
 Emotional/Mental
 Fall: X Other: _____ Type: _____

NOTIFICATIONS: Family: YES X NO _____ Name: Peggy Date/Time 01/06/09 - 3:18p
 Doctor: YES _____ NO X Name: Peggy Ann Date/Time 1/6/09 - 3:18p
 Law Enforcement: YES _____ NO X Resident Service Director: YES _____ NO _____
 Administrator: YES _____ NO X

Summary of incident: stated he was
was turning off Christmas music / lights and deal his
balance & fell back

Did incident result in death? YES _____ NO X If yes, date of death: _____

Ambulatory: YES X NO _____ Oriented to: (TIME) (PLACE) (PERSON) (EVENTS) (circle one or all)

Steps taken to prevent continued occurrences: Reminded resident to use emergency pull chord for help

Physical Functional Level/Impairments: High / none Mental Functional Level: High

Primary Diagnosis: Dementia

Staff Reporting: Amanda D. Brumfield Date: 01/06/09

Five Day Follow Up: Resident at Sparks

Directors: Mtzy Bailey Date: 1-6-9

