

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Concordia Nursing & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Professional Drive Bella Vista, AR 72714	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, observation, and record review, the facility failed to develop a baseline care plan for one (Resident #85) of one resident reviewed for baseline care plans.</p> <p>The findings include:</p> <p>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/04/2025, revealed Resident #85 was admitted on [DATE] with diagnoses which included chronic obstructive pulmonary disease.</p> <p>A review of Hospice Paperwork for Resident #85 revealed the resident was also receiving hospice services.</p> <p>An attempt to review a baseline Care Plan, for Resident #85 revealed no baseline care plan for Resident #85 was completed.</p> <p>On 04/22/2025 at 1:07 PM, Licensed Practical Nurse (LPN) #9 revealed she did not have access to any electronic health record (EHR), so she did not have access to care plans and relied on co-workers, closet care plans, and nurses ' notes.</p> <p>On 04/22/2025 at 2:01 PM, LPN #7 revealed the closet care plan was the baseline care plan and was done upon admission by the charge nurse. She stated she was responsible for the MDSs and just found out last week that she was also responsible for the care plans.</p> <p>On 04/22/2025 at 4:40 PM, Registered Nurse (RN) #2 verified there was no closet care plan in Resident #85 ' s room, nor care plan in the chart. RN #2 stated she did not have access to either EHR.</p> <p>On 04/23/2025 at 10:00 AM, a closet care plan had been placed in the closet for Resident #85. Resident #85 required assistance of one staff with transfers, oral care and bathing, but was able to independently eat, turn, and reposition.</p> <p>A review of a facility policy Care Plans Baseline revealed, baseline care plans will be completed within first 48 hours of admission to ensure the resident ' s needs are met and maintained. The baseline care plan will be used until the comprehensive care plan is developed.</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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, it was determined that the facility failed to ensure Certified Nursing Assistants (CNAs) were certified as CNAs in the State of Arkansas, and failed to ensure background checks were completed for 2 Nurse Aides reviewed for qualified staffing.</p> <p>The findings include:</p> <p>A review of a facility job description titled, Certified Nursing Assistant , undated, indicated qualifications included, Must be a Certified Nursing Assistant and in good standing and currently licensed by the state.</p> <p>A review of a facility policy titled, Nurse Aide Qualifications and Training Requirements, revised on October 2024, indicated, Nurse aides must undergo a state-approved training program. Policy interpretation and implementation indicated, 4. Our facility will not employ any individual . unless: . b. That individual has completed a training program an competency evaluation program, or a competency evaluation program approved by the state; or c. That individual has been deemed competent as provided in &amp;sect;483.150 (a) and (b) of the Requirements of Participation.</p> <p>During an interview on 05/14/2025 at 1:09 PM, Certified Nursing Assistant (CNA) #18 stated they work for the corporate [Director of Operations] and had been working in this facility for one month. CNA #18 stated they have been certified as a CNA since 2014, and were unsure what state the certification was in. CNA stated, Mother helped me with the website so I'm not sure. CNA #18 was not aware of what Enhanced Barrier Precautions or EBP were. CNA #18 stated the bin outside of resident rooms meant to put on gown and gloves before entering the room. We use that to gear up, if someone has sores.</p> <p>A review of CNA #18 ' s Employee File, received by email from the Administrator on 05/14/2025 at 11:40 AM, revealed a Uniform Employment Application for Nurse Aide Staff with an effective date of 11/01/2012, that indicated the application was required by the Oklahoma (OK) State Board of Health Rules. The application revealed CNA #18 was certified in Long Term Care (LTC).</p> <p>A review of an Oklahoma State Department of Health letter dated 10/05/2021, Determination #340135, indicated there were no disqualifying convictions reported by FBI and OK State Bureau of Investigation. You must validate employment annually in OK-SCREEN to maintain a monitored criminal history. No annual employment screening was documented.</p> <p>A review of Oklahoma State Department of Health - Nurse Aide Search Results documented active certification Record ID 202840, Certification Number 37V121796012 with an expiration date of 01/31/2026.</p> <p>(continued on next page)</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the Final Registry Results Form, indicated the Office of Inspector General (OIG) research completed 11/16/2023; National Sex Offender Public Website research completed 11/16/2023; OK Nurse Aide &amp; Non-Technical Service Worker Abuse Registry research completed on 11/16/2023; OK Sex Offender Registry research completed on 11/16/2023; Ok Violent Offender Registry research completed on 11/16/2023; OK on Demand Court Records, Research Results: Registry Not Checked; OK State Court Network, Research Results: Registry Not Checked; OK State Department of Health - Nurse Aide Search Results, Record ID 202840 Certification Type: Long Term Care Aide; Issue Date 01/06/2022, Expiration date 01/31/2026 Orientation Dated 12/03/2023 Skills 12/02/2023 and 12/03/2023.</p> <p>No other documentation was contained in CNA #18 employee file indicating CNA #18 was certified, had a current Abuse Registry or other background check in the State of Arkansas. The skills check-off was dated 12/02/2023.</p> <p>During an interview on 05/14/2025 at 2:12 PM, CNA #17 stated they worked for the main facility in [city name], OK as a CNA for four years. CNA #17 stated they were a regular employee, working for the corporate office and traveled between the Tulsa, [NAME], and [NAME] facilities. CNA # 17 indicated they were certified as a CNA in Oklahoma. There is a process in place through the facility, [Administrator] and [Director of Operations] are working it out, I don't remember what it is called, I can work at [NAME] with Oklahoma license.</p> <p>A review of CNA #17 ' s Employee File, received by email from Administrator on 05/14/2025 at 11:39 AM, included an application dated 12/06/2021.</p> <p>A review of an Oklahoma State Department of Health letter dated 12/06/2021, titled Final Registry Results Form indicated license or certification information not entered for this applicant. OIG List of Excluded Individuals/Entities, Research Completed 12/06/2021; National Sex Offender Public Website Research Completed 12/06/2021; OK Nurse Aide &amp; Non-Technical Service Worker Abuse Registry Research Completed on 12/06/2021; OK Sex Offender Registry, Research Completed on 12/06/2021; OK Violent Offender Registry, Research Completed 12/06/2021; OK on Demand Court Records, Research Results: Registry Not Checked; OK State Court Network, Research Results, Registry Not Checked; OIG Search Results dated 12/06/2021, No results found.</p> <p>A review of an Oklahoma State Department of Health letter dated 12/06/2021 Determination #282132, indicated there were no disqualifying convictions reported by FBI and OK State Bureau of Investigation. You must validate employment annually in OK-SCREEN to maintain a monitored criminal history. No annual employment screening was documented.</p> <p>No other documentation was contained in CNA #17 employee file indicating CNA #17 was certified, had a current Abuse Registry or other background check in the State of Arkansas. There were no skills check-off documents in the file.</p>		