

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Brookridge Cove Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Brookridge Lane Morrilton, AR 72110	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48808</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe, and homelike environment as evidenced by not ensuring safe wall mounted railings for safety and convenience.</p> <p>The findings are:</p> <p>Review of a policy titled, Accidents, Hazzard Prevention, specified the frailty of some residents increases their vulnerability to hazards in the resident environment and can result in life-threatening injuries. It is important that all facility staff understand the facility's responsibility, as well as their own, to ensure the safest environment possible for residents.</p> <p>On 09/03/2024 at 10:22 AM, on the 200 Hall, standing facing room [ROOM NUMBER], to the immediate right approximately 6 inches, the wall mounted handrail was not anchored, and the bracket was disconnected from the sheetrock.</p> <p>On 09/03/2024 at 12:33 PM, on the 300 Hall, standing facing room [ROOM NUMBER], 5 feet on the left toward the double doors, the wall mounted handrail bracket connected to the handrest was loose.</p> <p>On 09/03/2024 at 1:02 PM, the Administrator stated, Maintenance is not here, he is new and has not had time to inspect the rails. The Administrator indicated that the repairs will be made immediately.</p> <p>Review of the facility's Maintenance Request Form with the Alternate Administrator on 09/04/2024 at 09:00 AM, dated 08/16/2024 through 09/02/2024, revealed no maintenance request for the handrail repairs for the 200 and 300 halls.</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: 045147	If continuation sheet Page 1 of 1