

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 04/25/2024
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>50505</p> <p>Based on observation and interview, the facility failed to ensure Resident ' s bedding was clean and in place for 1 (Resident #1) of 1 sampled residents.</p> <p>The findings include:</p> <p>An Admission Record indicated Resident #1 was admitted with diagnoses of Dementia and Multiple sclerosis.</p> <p>A Care Plan indicated that Resident #1 had an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) disease process of MS (Multiple Sclerosis) and needed assistance with his/her ADL's.</p> <p>On 04/22/2024 at 09:17 AM, Resident #1 had a yellowish/brown ring on the pillowcase on the pillow that was used for positioning in the reclining chair.</p> <p>On 4/23/24 at 9:20 AM Resident #1 was observed with a blanket covering that was stained with yellow/brown substance and 1 pillow under the Resident's head had no slip covering.</p> <p>On 04/24/2024 at 09:28 AM, Certified Nursing Assistant (CNA) #3 was observed pushing Resident #1 into his/her room and the Resident was noted to have a pillow under the right arm. The pillowcase had a yellowish- brown ring shaped stain. CNA #3 was asked what she thought the yellowish-brown ring was. CNA #3 stated She may have spilled her coffee. She was asked, how often should Resident #1 have a pillowcase on her pillow? She stated, At all times.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49688</p> <p>Based on observation, interview, and record review, the facility failed to ensure an accident/hazard free environment was provided for smokers requiring a smoking apron.</p> <p>The findings are:</p> <p>1) Resident #13 has diagnoses of Alzheimer's, Stroke with left side paralysis, and Seizure disorder. On the Quarterly Minimum Data Set (MDS) with the assessment reference date (ARD) of April 15, 2024, the resident received a score of 15 (cognition is intact) on the brief interview for mental status (BIMS).</p> <p>a) On 04/23/2024 at 11:45 PM, the Surveyor observed Residents #66, #16, and #13 outside smoking without wearing smoking aprons.</p> <p>b) On 04/24/2024 at 11:50 PM, Residents #66, #16, #13 were outside smoking without wearing a smoking apron.</p> <p>c) On 4/24/2024 at 3:10 PM, Surveyor asked Certified Nursing Assistant (CNA) # 1 what their procedure is when they take smokers out. CNA #1 stated they take them out together and make sure they have their cigarettes, then put their aprons on for the ones who require them. They look at a list where they get the cigarettes to see who needs aprons to prevent them from burning holes in their clothes. They make sure they have their aprons on and supervise them closely.</p> <p>d) On 04/24/2024 at 03:15 PM, CNA # 2 was asked what their procedure is when they take smokers out. CNA #2 stated they take them out together at the same time and make sure they have all their cigarettes then put their aprons on for the ones who require them. They need the aprons to prevent them from burning holes in their clothes.</p> <p>e) On 4/25/2024 at 09:15 AM, the Director of Nursing (DON) stated the Residents are taken out at the same time; CNAs get their cigarettes from the medication room and take them to the designated smoking area outside, then look at the smokers list to see who is supposed to have aprons.</p> <p>The facility was unable to produce a smoking policy.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37634</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen was in sanitary condition.</p> <p>The findings are:</p> <p>On 04/24/2024 at 09:04 AM, the ice machine had a cloth trimming under the lid. It was wet and had brown and black stains.</p> <p>On 04/24/2024 at 09:05 AM, the Dietary Manager was asked, What's the cloth material on the ice machine? She stated, I don't know what that is. It's been on there since I've been here. I've been here for 2 years.</p> <p>On 04/24/2024 at 09:30 AM, the Administrator stated, We are taking the ice machine out of commission.</p> <p>On 04/24/2024 at 10:22 AM, the Dietary Manager stated, A new ice machine has been ordered.</p> <p>On 04/24/2024 at 11:54 AM, a thick layer of dust and lint was observed on a spice rack on the counter in the kitchen. A lid on top of a blue bin that had coffee in it was dirty. A cart with dessert on it had a grease and dirt built up.</p> <p>On 04/24/2024 at 11:56 AM, the Dietary Manager was asked, Can you tell me what's on the spice rack, and the food cart? She stated, Dust on the spice rack and build up on the food cart. She was asked, How often should it be cleaned, She stated, It should be cleaned weekly.</p>