

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to dress a resident in their preferred attire for one (Resident #19) of one resident reviewed for dignity.</p> <p>The findings include:</p> <p>A review of Resident #19 ' s Medical Diagnosis, indicated the resident had diagnoses which included hemiplegia and hemiparesis, following cerebral infarction, affecting right dominant side.</p> <p>A review of Resident #19 ' s quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 05/12/2025, revealed the resident had a Staff Assessment for Mental Status score of 3, which indicated the resident was severely impaired in daily decision making. The MDS also revealed Resident #19 required substantial/maximum assistance with dressing upper body.</p> <p>A review of Resident #19's Care plan, initiated on 05/29/2025, indicated due to cognitive impairment, cerebral vascular accident, Resident #19 required assistance with activities of daily living. Interventions specified Resident #19 required assistance from staff for dressing, and the resident preferred to have a white T-shirt on, at all times.</p> <p>During an observation on 06/02/2025 at 11:25 AM, Resident #19 was lying in bed, with a hospital gown on.</p> <p>During an observation on 06/03/2025 at 9:28 AM, Resident #19 was lying in bed, with a hospital gown on.</p> <p>During an interview on 06/03/2025 at 2:34 PM, with Resident #19 ' s representative, the representative reported Resident #19 was always in a hospital gown when they visited. The representative also revealed that Resident #19 did have clothes at the facility.</p> <p>During an interview with the Director of Nursing (DON) on 06/05/2025 at 10:40 AM, the DON reported Resident #19 should not have been in a hospital gown and should have had regular clothes on. The DON also reported Resident #19 ' s care plan stated to put Resident #19 into a white t-shirt, every day. The DON looked in Resident #19 ' s drawers and found clothes.</p> <p>During an interview with the DON on 06/06/2025 at 8:45 AM, the DON reported that the resident ' s dignity was not being honored, and dignity was part of the resident ' s rights.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 06/06/2025 at 8:51 AM, the Administrator reported that a resident's pride could be affected if dignity was not honored. The Administrator reported that dignity was part of a resident's rights.</p> <p>During an interview with Licensed Practical Nurse (LPN) #2 on 06/04/2025 at 2:55 PM, LPN #2 reported that being in a hospital gown was against a resident's rights.</p> <p>A facility policy review of Resident Rights revealed, The nursing facility protects and promotes the rights of each Resident/Elder admitted in order to provide a dignified existence, self-determination and communication with and access to persons and services inside and outside the nursing facility. The nursing facility will protect and promote the rights of each Resident/Elder.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observations, interviews, record review, and facility document review, the facility failed to ensure the comprehensive person-centered care plan was developed and implemented to include ordered care for one (Resident #6) of one sampled resident.</p> <p>The findings include:</p> <p>During a hall observation, in front of Resident #6 ' s room on 06/04/2025 at 10:23 AM, this surveyor heard the resident request Certified Nursing Assistant (CNA) #10 to get them up to a chair. CNA #10 told the resident they would go get help and get the resident up. CNA #10 exited the room at 10:25 AM.</p> <p>During a continuous hall observation, outside of Resident #6 ' s room on 06/04/2025 from 10:23 AM through 12:40 PM, no staff entered the room to get the resident up to a chair.</p> <p>During an observation, outside of Resident #6 ' s room on 06/04/25 at 11:09 AM, the Social Services Director (SSD) was observed putting on personal protective equipment to enter the resident ' s room. CNA #10 approached the SSD and stated Resident #6 wanted to get up to a chair. CNA #10 turned and walked away, without providing assistance the Resident # 6.</p> <p>A review of Resident #6's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 04/07/2025, revealed Resident #6 had a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact. The MDS also revealed the resident required maximum assistance for toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear, roll left and right, sit to lying, and lying to sitting on side of bed. Resident #6 was dependent for chair/bed-to-chair transfer and tub/shower transfer.</p> <p>A review of a Physician Order, dated 01/15/2025, indicated the Medical Director ordered Resident #6 to be up in their wheelchair, three times a week during day shift, on Monday, Wednesday, and Friday.</p> <p>A review of Resident #6's Comprehensive Care Plan dated 04/22/2025, indicated the resident required extensive assistance with personal hygiene and two-person assistance with mechanical lift for all transfers, using an extra-large blue poly lift pad. No documentation or intervention to transfer Resident #6 to their wheelchair, during day shift, every Monday, Wednesday, and Friday was revealed.</p> <p>A review of Patient Care Team Nursing Home Progress Note dated 01/15/2025, indicated the Nurse Practitioner documented a plan of order to prevent muscle weakness to get Resident #6 up in chair, three times a week, and to document refusal.</p> <p>A review of a Faxed Note of Access Medical Clinic, dated 01/20/2025, revealed the document was sent to the facility, showing the ordered notation of Resident #6 to be up to a chair, three times a week.</p> <p>A review of a Nursing Progress Note dated 01/15/2025, indicated staff decided the resident would get up to a chair on Sundays, with resident choice of the other two days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #6 ' s Kardex dated 06/05/2025, indicated the resident was a two-person assistance, with mechanical lift for all transfers, and to use an extra-large blue poly lift pad. There was no documentation noted for the resident to get up to a chair, three days a week.</p> <p>During an interview on 06/04/2025 at 9:43 AM, a family member of Resident #6 stated that the resident was supposed to get up to a chair three days a week, but that did not happen. The family member indicated they had to call the facility to tell them the resident better be up to a chair when they get there, and we shouldn't have to do that. The family member indicated Resident #6 was always on their back, in the bed, and they had never seen the resident turned on their side.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 06/05/2025 at 2:30 PM, the ADON stated a care plan was what the MDS Coordinator put in as part of a residents' chart, and any interventions that went with the care plan were placed on the Kardex. The ADON stated an employee would look at the care plan, or Kardex, to know what should have been done with the resident. Staff would use the care plan to determine if the resident required assistance if the resident could get up to a chair.</p> <p>During an interview on 06/03/2025 at 1:09 PM, CNA #10, stated the employees had to look at the Kardex or care plan to find out what to do with the resident, such as assistance with bath, total care, lifts, or anything to do specifically, with that resident. CNA #10 verified they had not received training on repositioning residents, although training had been received on reading care plans. We reposition residents every two hours, and if the resident refused, the charge nurse was notified. If the resident refused, the staff would go back to try again after a few minutes. If a resident stayed in one position for too long, they could get pressure sores. The Kardex or care plan was looked at for interventions.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interviews, record review, and facility document review, the facility failed to implement a physician ' s order to get a resident up to a chair, for one (Resident #6) of one sampled resident, reviewed for quality of care.</p> <p>The findings include:</p> <p>During an observation on 06/04/2025 at 10:18 AM, Resident #6 pressed the call light, with this surveyor in the room, to request to be gotten up to a chair.</p> <p>During a hall observation in front of Resident #6 ' s room, on 06/04/2025 at 10:23 AM, this surveyor heard the resident request Certified Nurse Assistant (CNA) #10 to get them up to a chair. CNA #10 told the resident they would go get help, to get the resident up. CNA #10 exited the room at 10:25 AM.</p> <p>During a continuous hall observation outside of Resident #6's room, on 06/04/2025 from 10:23 AM through 12:40 PM, no staff entered Resident #6 ' s room or offered assistance to get the resident up to a chair.</p> <p>During an observation outside of Resident #6's room, on 06/04/2025 at 11:09 AM, the Social Services Director (SSD) was putting on personal protective equipment to enter the resident's room. CNA #10 approached the SSD and stated the resident wanted to get up to a chair. CNA #10 walked away, without providing assistance to the resident.</p> <p>During a concurrent observation and interview with Resident #6 on 06/04/25 at 12:35 PM, the resident was still lying on their back, in the bed. When asked what CNA #10 said when the call light was pressed, the resident stated, [CNA #10] had to go get some help to get up to the chair and would be back, but they have not returned.</p> <p>A review of Resident #6's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 04/07/2025, indicated Resident #6 had a Brief Interview for Mental Status score 15, which indicated the resident was cognitively intact. The MDS also revealed Resident #6 required maximum assistance for toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear, roll left and right, sit to lying, and lying to sitting on side of bed. Resident #6 was dependent for chair/bed-to-chair transfer and tub/shower transfer.</p> <p>A record review of Physician Order dated 01/15/2025, indicated the Medical Director ordered Resident #6 to be up in the wheelchair, three times a week during day shift, on Monday, Wednesday, and Friday.</p> <p>A review of Resident #6's Comprehensive Care Plan, dated 04/22/2025, indicated the resident required extensive assistance with personal hygiene and two-person assistance with mechanical lift for all transfers using an extra-large blue poly lift pad. No documentation of intervention to transfer Resident #6 to a chair during the day every Monday, Wednesday, and Friday. Th Care Plan also revealed that Resident #6 was at risk for impaired skin integrity related to immobility and incontinence.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Patient Care Team Nursing Home Progress Note dated 01/15/2025, indicated the Nurse Practitioner plan of order to prevent muscle weakness was to get Resident #6 up in chair, three times a week, and to document refusal.</p> <p>A record review of Faxed Note of Access Medical Clinic dated 01/20/2025, revealed the document was sent to the facility, showing the ordered notation of Resident #6 to be up to a chair, three times a week.</p> <p>A record review of Nursing Progress Note dated 01/15/2025, indicated staff decided the resident would get up to a chair on Sundays, with resident choice of the other two days.</p> <p>A review of a facility document titled Kardex dated 06/05/2025, indicated Resident #6 was a two-person assistance with mechanical lift for all transfers and to use an extra-large blue poly lift pad. No documentation was included for Resident #6 getting up to a chair three days a week.</p> <p>During an interview on 06/04/2025 at 9:43 AM, a family member of Resident #6 stated the resident was supposed to get up to a chair three days a week, but that did not happen. The family member indicated they had to call the facility to tell them Resident #6 better be up to a chair when they get there, and we shouldn't have to do that. The family member indicated the resident was always on their back, in the bed, and they had never seen the resident turned on the side.</p> <p>During an interview on 06/03/2025 1:09 PM, CNA #10 stated the employees had to look at the Kardex or care plan to find out what to do with the resident, such as assistance with bath, total care, or anything to do specifically, with that resident. CNA #10 verified they had not received training on repositioning residents. CNA #10 stated, We reposition residents every two hours, and if the resident refused, the charge nurse was notified. If the resident refused, the staff would go back to try again after a few minutes. If a resident stayed in one position for too long, they would get pressure sores. The Kardex or care plan was looked at for interventions.</p> <p>During an interview with the Director of Nursing (DON) on 06/05/2025 at 8:42 AM, she stated during day shift on 06/04/2025 the facility had nine CNAs, three Licensed Practical Nurses (LPNs), and three Registered Nurses (RNs). The DON stated residents should be turned every two hours and not left lying on their back for hours and hours. When residents lay on their backs for long periods of time, they could obtain pressure ulcers. Every resident should get up to a chair daily, even the residents that are a two-person assist. The DON stated that when a resident had asked to be gotten up to a chair, the employee should have gotten them up.</p> <p>During an interview with CNA #10 on 06/05/2025 1:12 PM, CNA #10 stated if a resident could not move their arms or legs, staff should perform range of motion to the residents. When CNA #10 was asked where they documented every two-hour position changes of the residents, she stated the stop and watch notes. If a resident did not get up to a chair, the resident could get pressure sores. CNA #10 stated they had plenty of staff to assist when getting dependent residents up. Residents should be helped up any time they want, and Resident #6 had not been up to a chair since being moved to that hall last Friday 05/30/2025, because the resident had not asked to be up.</p> <p>During an interview with the MDS Coordinator on 06/05/2025 at 2:24 PM, she stated the staff did not document residents being turned every two hours, it was a standard of care. Therefore, there was no documentation of Resident #6 being repositioned.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Assistant Director of Nursing (ADON) on 06/05/2025 at 2:30 PM, she stated residents should be turned every two hours, and the ADON was unsure if the staff documented it. She indicated, it is not good for a resident to lay in one position for hours, and a negative outcome would be skin breakdown or infections. The ADON revealed the resident(s) determined if they got up, if they required a two person assist, they would use the mechanical lift. If a resident requested to be gotten up to a chair, staff should do it.</p> <p>During an interview with the Administrator and the DON on 06/05/2025 at 3:10 PM, they revealed the facility did not have a policy on standard of care. The Administrator defined the standard of care as, the resident should be turned every two hours or as needed. The DON stated, the resident should be turned every two hours, as needed or when asked.</p> <p>A review of an undated facility policy titled Positioning Immobility, indicated the goal of frequent position changes was to prevent pressure sores. Changed positions several times a day prevented changes in the cardiovascular system. The recommendation was to change body position every two hours and more frequently in patients who had no spontaneous movement.</p> <p>A review of an undated facility policy titled Pressure Ulcer indicated pressure ulcers were the most common result from prolonged periods of bed rest which can develop within hours. Repositioning every two hours, using cushion devices on bony areas, and provided activity and ambulation as much as possible prevented pressure ulcers.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to provide supplemental oxygen per physician orders for 1 (Resident #49) of 1 resident reviewed for respiratory care.</p> <p>The findings include:</p> <p>During an observation on 06/02/2025 at 11:38 AM, Resident #49 was observed in their room receiving oxygen from an oxygen concentrator, at four liters per minute, via nasal cannula.</p> <p>During an observation on 06/03/2025 at 8:25 AM, Resident #49 was observed in their room, receiving oxygen from an oxygen concentrator, at four liters per minute, via nasal cannula.</p> <p>During an observation on 06/03/25 at 2:29 PM, Resident #49 ' s was observed in their room receiving oxygen from an oxygen concentrator, at five liters per minute, via nasal cannula.</p> <p>A review of the Medical Diagnosis portion of Resident #49 ' s electronic health record revealed diagnoses which included chronic obstructive pulmonary disease (COPD) and chronic respiratory failure.</p> <p>A review of Resident #49 ' s quarterly Minimum Data Set, with an Assessment Reference Date of 03/03/2025, revealed the resident had a Brief Interview for Mental Status score of 13, which indicated the resident was cognitively intact.</p> <p>A review of Resident #49 Care Plan, initiated on 10/24/2024 and revised on 05/30/2025, revealed the resident had COPD and chronic respiratory failure. Interventions instructed staff to check oxygen settings, provide oxygen as ordered, and to see physician orders.</p> <p>A review of Clinical Physician Orders, revealed Resident #49 may have oxygen at two liters, via nasal cannula, as needed.</p> <p>On 06/03/2025 at 2:50 PM, the Director of Nursing (DON) accompanied the surveyor to Resident #49 ' s room, to look at the resident ' s oxygen concentrator. The DON reported Resident #49 ' s oxygen concentrator was set at five liters per minute. The DON reported, after reviewing Resident #49 ' s orders, the resident ' s oxygen was to be set at two liters per minute.</p> <p>During an interview on 06/06/2025 at 8:31 AM, the DON stated a resident that received a high dosage of oxygen, with a diagnosis of COPD, could develop carbon dioxide poisoning. The DON reported Resident #49 was not able to the turn knob on their oxygen concentrator, due to not being able to move their right side or get out of the bed. The DON indicated Resident #49 ' s oxygen concentrator was situated behind the resident.</p> <p>During an interview) on 06/06/2025 at 9:10 AM, the Assistant Director of Nursing (ADON) reported if a resident with a diagnosis of COPD received a high dosage of oxygen, the resident could develop decreased respirations and carbon dioxide poisoning. The ADON reported Resident #49 could not reach their oxygen concentrator to adjust the flow rate themselves due to not being able to get out of bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy titled, Oxygen Administration, indicated, Check physician's order for liter flow and method of administration. Set the flow meter to the rate ordered by the physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observations, interviews, record review, facility document review, facility policy review, it was determined that the facility failed to ensure sufficient staffing to meet the residents' needs as evidenced by not following the facility assessment staffing guidelines for 74 of 87 shifts reviewed from 03/01/2025 day shift through 03/31/2025 night shift.</p> <p>The findings include:</p> <p>A review of a facility policy titled, Facility Assessment, dated 12/13/2024, indicated the facility had an average daily census of 74. Common diagnoses of the facility's residents included psychiatric/mood/substance use disorders, heart/circulatory system disorders, neurological system disorders, intellectual disabilities, musculoskeletal system disorders, cancers, respiratory disorders, genitourinary disorders, blood diseases, skin conditions, and infectious diseases. fractures and arthritis.</p> <p>The facility assessed acuity affecting licensed nurses were 16% residents on an altered diet and 4% residents with swallowing disorder, 51.4% with Psychiatric/Mood Disorders, 87.5% with Heart/Circulatory, 2% with Major Joint replacement or Spinal Surgery, 47% Non-Orthopedic Surgery and Acute Neurologic, 32% Other Orthopedic, 19% Medical Management, 11% Extensive services, 62% Special Care High, 11% Special Care Low, 9% Clinically Complex, 7% Reduced Physical Functioning.</p> <p>Acuity Affecting Nurse Aides revealed 7 residents were dependent upon staff for dressing, 16 for bathing, 16 for transfers, 6 for eating, 7 for toileting, 5 for oral hygiene, 11 for mobility, 3 for bed mobility.</p> <p>The facility assessed their coverage needs to adequately met the residents' daily needs per shift as:</p> <p>Day Shift: 1-Director of Nursing (RN), 3-4 Registered Nurse (RN), 1-Infection Preventionist, 2-Licensed Practical Nurses (LPNs), 6-7 Certified Nurse Assistants (CNAs), 1 Restorative Aide, 1 Med Techs.</p> <p>Evening Shift: 0 RNs, 2 LPNs, 4-6 CNAs, 1 Med Tech.</p> <p>Night Shift: 1 RN, 1 LPNs, 4 CNAs.</p> <p>A review of the facility's Resident Matrix printed 6/2/2025 revealed that 11 out of 64 facility residents had suffered a fall, two of which resulted in a major injury, 27 had a diagnosis of Alzheimer's/Dementia, one was on transmission based precautions (isolation requiring a personal protective equipment), four were on hospice care, nine were being treated for an infection, three had a pressure injury, three had a urinary catheter in place, and eight required tube feedings.</p> <p>A review of the documents Detailed Hours, for March 2025 daily staffing was reviewed from the employee's time clock punch reports starting with the day shift on 3/1/2025 through the end of the night shift on 3/31/2025. Using staffing guidelines defined by the facility in their 12/13/2024 Facility Assessment, the bedside staff coverage was found lacking coverage by either a partial or complete open shift on 74 of 84 shifts between the dates of 03/01/2025 and 03/31/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of a document titled, Incident by Incident Type, reviewed for a date range from 3/1/2025 to 3/31/2025, revealed two witnessed falls, five unwitnessed falls, and two falls during staff assist incidents.</p> <p>Review of an Medication Administration Record for the month of March indicated Resident #37 ha a physician ' s order for two types of insulin, including a long acting form of insulin ordered to be administered twice daily at 8:00 AM and 8:00 PM, and a fast acting form of insulin ordered to be administered via sliding scale at 7:30 AM, 11:30 AM, 4:30 PM, and 8:00 PM.</p> <p>A review of a document titled Medication Admin Audit Report reviewed for a date range from 3/1/25 to 3/31/25, revealed Resident #37 had received the ordered doses at least one hour, and up to four hours late, on 16 occasions in the month of March.</p> <p>During an interview on 6/6/2025 at 9:10 AM Director of Nursing (DON) stated the facility does not use temporary or contract staff. The DON stated the low staffing issue that was identified on the Payroll Based Journal that was submitted for the 1st quarter of 2025 was addressed by implementing a weekend option so that the facility would have 8 certified nurse assistants that work from on Saturday and Sunday from 6AM-6PM. When asked about Resident #37 receiving ordered insulin late, the DON confirmed that the time frame for medication to be administered, is 1 hour before and after dose was scheduled, with a concern of the resident developing hyperglycemia if the schedule is not followed.</p> <p>During an interview on 6/6/2025 at 2:10 PM, Certified Nurse Assistant (CNA) #5 stated that they have noticed that the facility did not have enough staff, especially during the last six months. They continued by stating that they have observed on the first shift, the facility not having enough staff to meet residents' needs, resulting in residents waiting a long time for someone to help them. CNA #5 reported that sometimes beds are left unmade and rooms messy on the weekend.</p> <p>During an interview on 6/6/2025 at 2:40 PM, CNA #6 stated that they have noticed, sometimes, that the facility does not have enough staff, especially during the last six months. CNA #6 stated that they sometimes observed the facility not having enough staff to meet residents' needs, such as residents waiting a long time for someone to help them. CNA #6 also reported that beds are left unmade and rooms are messy on the weekend, and there are times when there are not enough staff to take care of the residents.</p> <p>During an interview on 6/7/2025 at 9:30 AM, Dietary Aide #8 stated that they hear the residents complain about their food getting cold while they wait to be assisted by nursing staff.</p> <p>Dietary Aide #8 stated that food trays come back untouched, which might indicate short nursing staff. Dietary Aide #8 stated that residents might be absent from the dining room because nursing staff are not available to assist them to the dining room.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure the medication error rate was not 5 % or greater for one of one medication administration pass reviewed for medication errors. Four (Residents #9, #24, #49, and #32) of seven residents observed during medication administration. Eleven medication errors were observed during 42 observed medication administration opportunities. This resulted in a medication error rate of 26.19 %.</p> <p>The findings include:</p> <p>During a medication administration observation on 06/04/2025 at 7:15 AM, Licensed Practical Nurse (LPN) #1 administered medications to residents on D hall.</p> <p>The following errors were observed:</p> <p>At 7:33 AM, LPN #1 failed to administer the ordered dose of antihistamine to Resident #49.</p> <p>At 7:36 AM, LPN #1 failed to administer the ordered dose of antihistamine to Resident #32.</p> <p>At 7:40 AM, LPN #1 failed to administer the ordered dose of antihistamine, laxative solution, and eye drops to Resident #9.</p> <p>At 7:47 AM, LPN #1 failed to administer the ordered doses of vitamin C, ferrous sulfate elixir, multivitamin, protein oral liquid, zinc, and a laxative to Resident #24.</p> <p>When LPN #1 indicated the medication pass was completed, this surveyor asked if anything was omitted or not administered as ordered. LPN #1 stated, No.</p> <p>A review of Resident #49 ' s Medication Administration Record (MAR) and Clinical Physician Orders revealed an antihistamine tablet 10 milligrams (mg), was ordered on 12/10/2024, to be given at 8:00 AM daily.</p> <p>A review of Resident #32 ' s MAR and Clinical Physician Orders revealed an antihistamine oral tablet 10 mg was ordered on 04/23/2025, to be given at 8:00 AM daily.</p> <p>A review of Resident #9 ' s MAR and Clinical Physician Orders revealed eye drops, 1 drop in both eyes, was ordered on 05/30/2025; an antihistamine tablet 10 mg was ordered on 06/26/2024; and laxative solution 17 grams/scoop was ordered on 03/01/2024; all were ordered to be given at 7:30 AM daily.</p> <p>A review of Resident #24 ' s MAR and Clinical Physician Orders revealed a multivitamin-minerals oral tablet was ordered on 08/10/2024; a ferrous sulfate elixir 220 mg, was ordered on 08/10/2024; zinc sulfate 50 mg, was ordered on 08/10/2024; laxative 100 mg, was ordered on 08/09/2024; vitamin C 500 mg was ordered on 08/10/2024; and protein oral liquid 30 milliliters was ordered on 08/09/2024; all were ordered to be given at 8:00 AM daily.</p> <p>A review of the Medication Administration training and nurse competencies for 23 nurses revealed LPN #1's training was complete and up to date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/04/2025 at 8:15 AM, LPN #1 confirmed all medications that were due were given to the residents during the observation. LPN #1 was asked to review the MAR for the observed residents. When asked if she administered the medications listed above to the four residents listed above, she stated, No I didn't. LPN #1 stated, I didn't scroll over there to see those.</p> <p>A review of the Medication Administration Audit Report revealed the medications that were observed to not be given to the four residents, were marked as given by LPN #1. When asked, why the medications were marked as given, LPN #1 stated I'm not sure.</p> <p>During an interview on 06/04/2025 at 9:30 AM, the Administrator confirmed the nursing staff were expected to administer medications, according to the physician's orders, and per the Medication Administration policy.</p> <p>A review of the Medication Administration policy revealed, Medications are administered in accordance with good nursing. Medications are administered in accordance with written orders of the prescriber, following the rights of medication administration principles and practices and only by person legally authorized to administer medications do so only after they have been properly oriented, to the facility's medication distribution system.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Martin Drive Wynne, AR 72396	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food stored in the dry storage area was covered and sealed, dented cans were removed from stock, and expired food items were discarded on or before the expiration or use- by date for 1 of 1 kitchen observed.</p> <p>The findings include:</p> <p>On 06/02/2025 at 11:20 AM, the following observations were made on the shelves in two food storage areas during a tour of the kitchen and pantries, accompanied by the Dietary Manager (DM).</p> <ol style="list-style-type: none"> 1. Eight dented cans of various food items were observed on the shelving used to store food intended to be served to the residents. The Dietary Manager (DM) was asked what was done with dented cans, and stated, They are trashed because metal shavings can get inside. 2. A opened bottle of lemon flavor sweet tea. The DM stated, It should have been refrigerated once opened. 3. One opened bag of rice. The bag was not sealed and was open to air. 4. Two bags of corn chips, also stored in an area used to store food intended to be served to residents, had a use-by date of 04/08/2025. <p>On 06/02/2025 at 12:15 PM, the following observations were made on the shelf in the kitchen area:</p> <ol style="list-style-type: none"> 1. Two seasoning/spice bottles with a use-by date of 04/03/2025. 2. One bottle of steak sauce with a use-by date of 02/02/2025. 3. Three grated cheese containers with a use-by date of 05/24/2025. <p>A review of the facility policy titled, Diet, Sanitation and Menu revealed that the nursing facility will store, prepare, distribute, and serve food under sanitary conditions.</p>		