STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045173	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Oaks Health and Rehabilitation	1875 Old Wire Road Camden, AR 71701

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 48977 Based on observations, interviews, record review, and facility policy review, the facility failed to ensure staff provided incontinence care in a timely manner to prevent 3 (Residents #7, #8, and #9) of 3 residents sampled for incontinence care from lying in a bed or sitting in a chair saturated with urine. The findings include: 1. A review of the modification of the significant change Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 01/31/2025 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 10 indicating the resident had moderate cognitive impairment. a. A plan of care for Resident #7 (revision date 05/12/2021) revealed Resident #7 was incontinent of bowel and bladder. b. On 03/17/2025 at 03:50 AM, this surveyor observed Certified Nursing Assistants (CNA) #1 and #2 at the bedside providing incontinent care to Resident #7. Resident #7 had been wearing a brief; this surveyor noted a dark yellow discoloration indicating saturation of urine to the resident's draw sheet and fitted sheet. When Resident #7 was turned onto their right side, this surveyor noted the mattress was also visibly wet. c. On 03/17/2025 at 05:42 AM, during an interview, CNA #1 stated Resident #7 had been incontinent through the resident's brief and onto the draw sheet and fitted sheet. d. On 03/17/2025 at 06:07 AM, during an interview, CNA #2 stated the resident's brief, draw sheet, and fitted sheet were wet with urine. 2. A review of the quarterly MDS with an ARD of 01/24/2025 revealed Resident #8 had a BIMS score of 12 indicating the resident was moderately cognitively impaired. a. A plan of care for Resident #8 (revision date 10/12/2022) revealed Resident #8 was incontinent of bowel and bladder related to (r/t) immobility. b. On 03/17/2025 at 04:17 AM, this surveyor observed CNAs #1 and #3 at Resident #8's bedside changing visibly wet linen. (continued on next page)

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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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. On 03/17/2025 at 05:42 AM, during an interview CNA #1 stated the gown and linens of Resident #8 had to be changed, because they were wet. d. On 03/17/2025 at 05:48 AM, during an interview CNA #3 stated the draw sheet, gown, fitted sheet and top sheet of Resident #8 had to be changed due to being wet with urine. CNA #3 stated she did not know the resident was wet until she turned the resident. e. On 03/18/25 at 1:45 PM, during an interview Resident #8 stated not all staff members answer the call light in a timely manner, and the night shift comes in once or twice to provide care. 3. A review of the quarterly MDS with the ARD of 01/17/2025 revealed Resident #9 had a Staff Assessment of Mental Status (SAMS) score of 3 indicating short and long term memory problems. a. A plan of care for Resident #9 (revision date 01/27/2025) revealed Resident #9 had potential/actual impairment to skin integrity of the right and left buttocks r/t incontinence. b. The Order Summary Report indicated Resident #9 was to be checked for incontinence every 2 hours, and the resident ' s family member was to be notified if the resident refused care. c. On 03/17/2015 at 05:07 AM, this surveyor observed CNAs #1 and #2 assist Resident #9 up from a loveseat recliner into the wheelchair then to the restroom. This surveyor noted when Resident #9 stood up to transfer from the loveseat recliner to the wheelchair the brown cover on the resident's side of the recliner was wet. This surveyor observed the Resident's spouse who was sitting next to the resident reaching over and feel the cover, then getting up and change it. This surveyor noted when Resident #9 stood up from the wheelchair to ambulate into the restroom the wheelchair was visibly wet. This surveyor observed CNA #1 cleaning the chair while the resident was on the toilet. This surveyor observed CNA #1 and CNA #2 remove Resident #9's pajama bottoms, shirt, and brief. d. On 03/17/2025 at 06:07 AM, during an interview, CNA #2 stated Resident #9's pants and brief were wet with urine. CNA #2 stated she did not see if the recliner was wet, but I did see (gender pronoun) spouse change the chair cover. e. On 03/17/2025 at 06:10 AM, during an interview, CNA #1 stated she cleaned the wheelchair because it was wet. f. On 03/18/25 at 01:45 PM, during an interview, Licensed Practical Nurse (LPN) #4 stated staff are instructed to do rounds every two hours and as needed. LPN #4 stated it noted on the Medication Administration Record (MAR) to check Resident #9 every two hours 24 hours a day 7 days a week. g. On 03/18/2025 at 02:30 PM, during an interview, the Administrator stated staff were instructed to provide incontinence care every 2 hours (when they arrive at 11 PM and odd hours following) and as needed. The Administrator stated the bed linen being wet depended on the resident, but this is not something she would expect to happen every time. The Administrator stated if the fitted sheet was wet it could indicate that incontinence care was not performed in a timely manner, and not performing incontinence care in a timely manner could lead to skin breakdown. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	h. The Medication Administration Record (MAR) for Resident #9 was reviewed. It indicated that on March 17, 2025, facility staff had documented Resident #9 had been checked for incontinence at 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, and 10:00 AM. i. On 03/18/2025 at 3:15 PM, this surveyor reviewed video footage from the morning of 03/17/2025 with the Administrator present. Four staff members were observed entering the unit on which Residents #7, #8, and #9 resided to do rounds at 12:19 AM and left the unit at 12:30 AM. Two staff members entered the unit at 1:25 AM, but did not enter the rooms of Resident #7, #8, or #9. One staff member immediately exited the unit, the other was seen entering another resident room and remaining there until 2:50 AM, when this surveyor is seen entering the unit per video. This surveyor did not observe any additional rounds performed prior to the care referenced above. The surveyor voiced observing rounds not being performed as ordered, the Administrator did not refute this finding. j. A review of policy titled, Perineal Care, revision date February 2018, noted that the purpose of this procedure is to provide cleanliness and comfort for the resident, to prevent infections, and skin irritation. k. A review of a policy titled, Activities of Daily Living (ADLs), Supporting noted that Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal, and oral hygiene.