

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Chapel Woods Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1440 East Church Warren, AR 71671	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>51381</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure allegations of abuse and neglect were thoroughly investigated for 3 (Residents #1, #4 and #5) of 6 sampled residents reviewed for abuse and 1 (Resident #6) of 1 sampled resident reviewed for neglect.</p> <p>The findings are:</p> <p>1)The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/26/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident was not cognitively intact. Diagnoses on the MDS included end-stage renal disease (kidney disease), bipolar disorder (depression/mania), dementia, and heart failure. The resident's Incident Report (I&A) and corresponding action plan were reviewed for completeness.</p> <p>A review of Resident #1's I&A revealed the following:</p> <p>a. On 10/31/2024 the resident made allegations of abuse.</p> <p>b. The I&A Report dated 10/31/2024 stated Admin interviewed cognitive residents on C Hall with no negative findings. Residents unable to be interviewed were assessed for any signs of abuse with no negative findings.</p> <p>c. On 01/22/2025 at 12:55PM the Nurse Consultant was unable to provide the documents referenced above, to reflect the resident interviews or the resident assessments (body audits) completed on 10/31/2024.</p> <p>2) The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/15/2024, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident was not cognitively intact. Diagnoses on the MDS included dementia, atrial fibrillation (abnormal heart rhythm), and high blood pressure. The resident's I&A and corresponding action plan were reviewed for completeness.</p> <p>A review of Resident #4's I&A revealed the following:</p> <p>a. On 11/13/2024 the resident was noted by staff to have a bruise of unknow origin.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 045201
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. The I&A Report dated 11/13/2024 mentioned the Licensed Practical Nurse (LPN) assessed the resident for signs of abuse. The report also stated, LPN then assessed all other residents on the unit for any signs of abuse; there were no negative findings.</p> <p>c. On 01/22/2025 at 12:55PM the Nurse Consultant was unable to provide the documents referenced above, to reflect the resident assessments (body audits) completed for 11/13/2024.</p> <p>3) On 11/05/2024 at 12:40 PM, the facility submitted an OLTC [office of long-term care] Incident and Accident Report (I&A) to the state agency for an allegation of physical and verbal abuse for Resident #5. The report indicated on 11/05/2024 at 11:00 AM, Resident #5 reported to the social worker and the unit manager a certified nursing assistant (CNA) was being rough with the resident during care and snatched a call light from the resident's hand. The report indicated CNA #1 was assigned to the resident's hall the day of the incident. CNA #1 was suspended while the incident was investigated. The I&A report indicated the residents on Halls A and B who were unable to be interviewed were assessed for any signs/symptoms of abuse. There were no assessments provided for any non-interviewable residents in the report.</p> <p>On 01/21/2025 at 3:18 PM, Resident #5 was sitting up in a recliner in the room and was interviewed. The resident was unable to recall what happened the day of the incident but stated the CNA thought she knew it all and was helping the resident after the resident was in the bed. The resident was unable to give the name of the CNA and did not provide any other specific information about the alleged incident.</p> <p>Resident #5's medical diagnosis screen was reviewed and indicated diagnoses of unusual patterns of movement or changes in the way an individual walks or moves (abnormalities of gait and mobility) and generalized muscle weakness.</p> <p>A quarterly MDS with an ARD of 12/17/2024 was reviewed and indicated Resident #5 had a BIMS of 13 which indicated cognitively intact and was dependent on staff for toileting and personal hygiene and chair/bed-to-chair transfers.</p> <p>4) The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/26/2024, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident was not cognitively intact. Diagnoses on the MDS included dementia, anxiety, depression, and dysphagia (trouble swallowing). The resident's Incident Report and corresponding action plan were reviewed for completeness.</p> <p>A review of Resident #6's I&A revealed the following:</p> <p>a. On 11/14/2024 the resident had a fall, and the case was reviewed by the facility for neglect.</p> <p>b. The I&A Report dated 11/15/2024 stated Interview residents on C Hall to see if they felt neglected. If they can't be interviewed a body audit will be completed.</p> <p>c. On 01/22/2025 at 12:55PM the Nurse Consultant was unable to provide the documents referenced above, to reflect the resident interviews or the resident assessments/body audits completed for 11/15/2024.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5) On 01/23/2025 at 01:15 PM the Director of Nursing (DON) was interviewed regarding the I&A reports with missing documents for resident interviews and/or resident assessments/body audits. The DON stated that the responsibility of ensuring that resident interviews and/or resident assessments/body audits were completed after an allegation of abuse or neglect was up to the DON and the Administrator. In addition, the DON stated it was important to ensure resident interviews and resident assessments/body audits were completed to make sure the same situations had not happened to other residents. The DON was not able to provide the documentation requested (referenced above) with the resident I&As for #1, #4 and #6 to reflect that the resident interviews and resident assessments/body audits were done.</p> <p>6) On 01/23/2025 at 2:00 PM the Administrator was interviewed regarding the I&A reports with missing documents for resident interviews and/or resident assessments/body audits. The DON stated that the responsibility of ensuring that resident interviews and/or resident assessments/body audits were completed after an allegation of abuse or neglect was up to the Administrator. In addition, the Administrator stated it was important to ensure resident interviews and resident assessments/body audits were completed to make sure the same situations have not happened to other residents. The Administrator was not able to provide the documentation requested (referenced above) with the I&As for residents #1, #4, #5, and #6 to reflect that the resident interviews and Resident assessments/body audits were done.</p> <p>7) On 01/24/2025, the Administrator was asked to provide the assessments completed on the non-interviewable residents. The Administrator returned to the room and stated no assessments were located for the non-interviewable residents on Halls A and B.</p> <p>8) An Abuse Prevention policy, dated as revised 11/16/2017, was reviewed and indicated all reports of resident abuse, neglect, injuries of an unknown source, resident-to-resident abuse and resident-to-staff abuse are promptly and thoroughly investigated by facility management.</p> <p>37925</p>		