STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045208	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cabot Health and Rehab, LLC	200 Northport Drive Cabot, AR 72023

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based on record review and interview, it was determined the facility failed to ensure that the resident's transfer or discharge was reported to the ombudsman for two (Resident #75 and Resident #77) of two residents reviewed. The findings include: Resident #75 Review of Resident #75's Medical Diagnosis revealed diagnoses which included respiratory failure, congestive heart failure (CHF) and atrial fibrillation. Review of Resident #75's admission Record revealed the facility admitted Resident #75 on 02/20/2026. Review of Resident #75's Medicare 5-day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/21/2026 revealed Resident #75 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Review of Progress Notes dated 02/21/2026 revealed Resident #75 was admitted to the nursing home on [DATE] from [Named] hospital for skilled services with severe abdominal distention, low fluid output and pain. The Progress Notes revealed Resident #75 was transferred to the hospital emergency room [ER] for a higher level of care with no plan to readmit on 02/21/2026. Review of the facility's Ombudsman Report dated January 2026 to May 2026, revealed no documentation for Resident #75's discharge/transfer to the ER on [DATE]. During an interview on 05/20/2026 at 2:05 PM, the Business Office Manager [BOM] stated, the facility did not send Resident #75's discharge transfer information to the Ombudsman because Resident #75 was in a skilled bed at that time. Resident #77 Review of Resident #77's Medical Diagnosis revealed diagnoses which included kidney failure, colon (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cancer and type II diabetes. Review of Resident #77's admission MDS with an ARD of 01/26/2026, revealed Resident #77 had BIMS score of 14, which indicated the resident was cognitively intact. Review of Resident #77's Care Plan initiated on 01/28/2026, revealed Resident #77 wished to transfer to live at another facility and would require post discharge home health for physical therapy, occupational therapy and speech therapy. Review of the facility's Ombudsman Report dated January 2026 through May 2026, revealed no documentation for Resident #77 that indicated the resident discharged /transferred to [named] facility for Long Term Care (LTC) on 02/24/2026. Review of Progress Notes dated 02/23/2026 by the Social Worker, revealed plans were made for Resident #77 to discharge on [DATE] to [Named] LTC facility and [Named] LTC facility would provide Durable Medical Equipment (DME) and transportation. During an interview on 05/20/2026 at 1:43 PM, the Administrator stated Residents #75 and Resident #77 did not require a bed hold, because they were skilled care and they do not pay for bed holds so they do not have to report that to the Ombudsman on the monthly report. This surveyor requested a facility discharge/transfer policy. During an interview on 05/20/2026 at 1:53 PM, the BOM stated a monthly report was sent to the Ombudsman that showed all residents that were transferred to the hospital. The BOM stated that residents that transferred to other nursing home facilities were not on the Ombudsman Report. The BOM stated that Resident #77 was not placed on the Discharge Transfer Report when transferred to [Named] LTC facility because the resident was in a skilled bed. The BOM stated, I do not know the purpose of the Ombudsman Report. This surveyor asked the BOM for a copy of policies addressing discharge/transfers. During an interview on 05/20/2026 at 2:13 PM, Medical Records Staff provided a copy of the Nursing Provider Discharge Summary for Resident #77 dated 02/24/2026 and Order Summary Report, dated 2/24/2026 was used for medication reconciliation. Medical Records Staff stated the documents were sent to Resident #77's new facility, and not to the ombudsman office. During a follow-up interview on 05/20/2026 at 2:37 PM, the BOM stated, the facility did not have a discharge/transfer policy, and provided a Department of Human Services [DHS] Memorandum to nursing facilities regarding Notification to Ombudsman of Transfers and Discharges. The BOM reviewed the document with this surveyor. The document revealed an event occurs when the facility discharges a resident from the facility or transfers a resident to the Emergency Room. The BOM confirmed, Resident #75 discharged to the Emergency Room, and Resident #77 discharged to [Named] LTC facility. The BOM stated, the Ombudsman was not notified because Resident #75 and Resident #77 were in skilled care.