

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Gassville Therapy and Living		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Cotter Road Gassville, AR 72635	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>48808</p> <p>Based on observations, interviews, and record review, it was determined that the facility failed to ensure dignity while resident (#3) removed dental appliances (dentures), leaving them on the bedside table in between dining, with white cake-like residue adhered to dentures without an assessable denture cup or oral care. This failed practice had the potential to affect all residents who are dependent on dental appliances while maintaining dignity, self-esteem, and self-worth and maintaining proper cleaning between meals and at night.</p> <p>Findings include:</p> <p>Review of Resident #3 's Admission Record revealed diagnoses of coronary obstruction pulmonary disease, congestion heart failure, muscle wasting and atrophy, abnormality of gait and mobility, non-pressure ulcer of left lower leg, and peripheral vascular disease.</p> <p>The Minimum Data Set (MDS)-Version 3.0, dated 09/23/2024, under section titled Cognitive Patterns listed a Brief Interview for Mental Status (BIMS) with a summary score of fourteen (14), a score of 13 to 15 indicating the resident is cognitively intact. In addition, the resident requires setup or clean-up assistance for oral hygiene.</p> <p>On 11/18/2024 at 11:15 AM, Resident #3 left room in a manual wheelchair to attend a facility activity in the dining room. The wheeled flat surface bedside table had upper and lower unsecured dentures lying on top of the table. A white colored residue was caked between the upper part of the front teeth of the top denture and the lower part of the back teeth on the lower denture.</p> <p>On 11/18/2024 at 12:15 PM, Resident #3 returned to room, sat in recliner, and placed dentures in mouth after picking them up from the top of the bedside table to eat lunch.</p> <p>On 11/18/2024 at 2:53 PM, during an interview with Resident #3, when asked if the facility assisted the resident with denture care in between meals or at night and provide a denture cup, Resident #3 responded No, I never ask them for assistance. Look, I have a denture cup on the sink, but I cannot reach it. When asked if the facility provided a soft toothbrush or set-up assistance for oral care, the resident responded, no.</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: 045218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Gassville Therapy and Living		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Cotter Road Gassville, AR 72635	
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview conference, on 11/19/2024 at 1:20 PM, in response to the question are you aware that Resident #3 had dried cake-liked white residue on upper and lower dentures on the bedside table, and unable to access a toothbrush or denture cup? The Administrator indicated that the facility would ensure that the resident was offered denture care. The Director of Nursing (DON) stated that the facility would provide a bedside table with a drawer mount to provide additional space for oral hygiene supplies.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Gassville Therapy and Living		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Cotter Road Gassville, AR 72635	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48808</p> <p>Based on observation and interviews, the facility failed to promote a healthy, comfortable environment by allowing residents to dispose of their waste appropriately, preventing contamination of their environment, in five (Rooms 106, 401, 402, 403, and 411) resident rooms.</p> <p>The findings are:</p> <p>1. On 11/18/2024 at 11:45 AM, as environmental rounds were made in the facility, the following were observed:</p> <p>a. Upon entering room [ROOM NUMBER], toward the right of the room, past the bathroom, the wall trim and door trim before entering the bathroom, had discolored darkish black gouges, deep scratches, and cuts in the sheetrock and wood.</p> <p>b. Upon entering room [ROOM NUMBER], toward the right side of the room, a red isolation bag was observed stacked up against the bathroom sink against another unemptied trash can was obstructing the wall sink and an additional overflowing cardboard box container was present. In addition, on 11/19/24, during environmental rounds at 1:00 PM, the trash receptacles remained unemptied.</p> <p>c. During a tour of the closed unit, on 11/18/2024 at 12:34 PM, standing in front of room [ROOM NUMBER], on the immediate left, the bathroom toilet floor had ground-in brownish/blackish debris and clear stains, in front of the toilet.</p> <p>d. Upon entering room [ROOM NUMBER], to the immediate right, the bathroom toilet floor had ground-in brownish/blackish debris and clear stains, in front of the toilet.</p> <p>e. While standing at the entrance of the room, toward the left on the right side of the wall sink, the wall trim next to the bathroom door, had darkish black discolored gouges, with deep scratches and cuts, in room [ROOM NUMBER]. Upon entering the bathroom door, immediately to the right, the toilet had a dark black colored stain around the edge of the toilet bowl. In front of the toilet bowl, the surveyor observed brownish/blackish debris and clear stains on the floor. In addition, the trash can on the right side of the bathroom sink and the trash can by the recliner on the right side of the room had not been emptied. Further investigation on 11/19/24, during environmental rounds at 1:00 PM, revealed the bathroom had not been cleaned or the trash cans emptied.</p> <p>2. On 11/18/2024 at 12:30 PM, during an interview with Maintenance, in response to the question who is responsible for repair of trim, and wood gouges, and repairing sheetrock, Maintenance indicated that the repairs are made by request and written on a tablet at the nurse 's station. There were no requested repairs for cuts, gouges, or scratches on the wall trim.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Gassville Therapy and Living		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Cotter Road Gassville, AR 72635	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During environmental rounds with the Administrator on 11/19/2024 at 1:15 PM, in response to the question, were you are aware of the gouges, cuts, scratches on the wall, trim, toilet bowl rim stains, brownish/blackish debris and clear stains on the floor in front of the toilets, unemptied trash cans and boxes, the Administrator indicated that he had not been aware of the gouges, cuts, scratches on the wall trim. The Administrator stated that the hard water contributed to the toilet stains, and that Maintenance had been replacing some of the toilets but had not replaced the floors under the toilets. In addition, the facility would work toward trash removal from the rooms, including hazardous waste.</p>