STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045244	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little River Nursing & Rehab	162 Hwy 32-2a Ashdown, AR 71822

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 42965 Based on record review, observation, and interviews, the facility failed to ensure the Comprehensive Care Plan contained the necessary information to fully provide and coordinate care and services for a resident with a stage 3 pressure ulcer for 1 (Resident #39) of 1 sampled resident reviewed for pressure ulcers. The findings are: 1. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/2025, indicated Resident #39 had diagnoses of Parkinson's disease, pain, depression, had scored 14 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS), and had one stage 2 pressure ulcer (A Stage 2 pressure ulcer presents with partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough or bruising. May also present as an intact or open/ruptured blister.). a. The Care Plan with a revision date of 12/26/2024, did not indicate the presence of, or care instructions for, a pressure ulcer. b. A Physician's Order dated 01/21/2025, indicated cleanse right gluteus with normal saline, pat dry. Apply collagen sheet and cover with dry dressing daily and PRN (as needed) until healed, every day shift for pressure injury until 02/07/2025. c. The form titled Skin and Wound Evaluation dated 01/22/2025, indicated Resident #39 had a stage 3 pressure ulcer to the coccyx (tail bone) that was acquired while in the facility on 12/26/2024. d. On 01/23/25 at 2:20 PM, the Minimum Data Set (MDS) Coordinator confirmed that Resident #39 had a pressure ulcer and had Physician's Orders for wound care since 12/26/24. The MDS Coordinator looked in the electronic record and confirmed Resident # 39's Care Plan did not address the pressure ulcer and since the care plan was how staff knew the goal and interventions for care, this should have been included. The MDS Coordinator was asked if the facility had a policy on care plan. The MDS Coordinator stated she would check and see. (continued on next page)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. On 01/23/25 at 2:30 PM, the Director of Nursing (DON) confirmed that Resident #39 had a pressure ulcer and after looking in the electronic record stated the resident had the pressure ulcer since 12/26/24. When asked if Resident #39 ' s Care Plan should address the pressure ulcer, the DON stated the pressure ulcer should be on the care plan so that everyone was on the same page, and Resident #39 was given the care to get the pressure ulcer healed. f. On 01/23/25 at 5:00 PM, the policy titled Care Plans, Comprehensive Person-Centered provided by the MDS Coordinator indicated that the Interdisciplinary Team (IDT) will develop and implement a comprehensive, person-centered care plan for each resident. The care plan will describe the services to be furnished so the residents can attain or maintain their highest practicable physical, mental, and psychological well-being.

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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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 42965 Based on record review, interview, and facility policy review, the facility failed to ensure (1) gradual dose reductions (GDR) were attempted for psychotropic (anti-anxiety) medications in the absence of a physician's documented evaluation of the specific risks versus benefits of continuing the as needed (PRN) medication past 14 days, (2) to ensure a documented explanation as to why a dose reduction attempt would be contraindicated, (3) and a duration for continuation, in order to ascertain the smallest effective dose and minimize the potential for adverse drug effects for 1 sampled (Resident # 25) of 5 resident sampled for unnecessary medications. The findings include: 1.The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/02/2025, indicated Resident #25 had diagnoses of heart failure, chronic obstructive pulmonary disease, non-Alzheimer's dementia, scored 10 (8-12 indicates moderate impairment) on a Brief Interview for Mental Status (BIMS), and received antianxiety (mind altering), antidepressant (mind altering) and hypnotic (mind altering) medications. a. The Care Plan with a revision date of 07/05/2024, indicated Resident #25 used antianxiety medications related to anxiety and staff should monitor for any side effects to medications. b. A Physician's Order dated 05/24/2024, indicated, [Brand name anti-anxiety medication] Oral Tablet 0.5 MG (milligrams) *Controlled Drug* Give 0.5 mg by mouth every 12 hours as needed for Anxiety. c. The form titled Consultant Pharmacist Medication Regimen Review (MRR) dated 10/28/24, indicated Resident #25 had an order for [Name brand anti-anxiety medications] 0.5mg every 12 hours as needed for anxiety since May 2024. The form indicated CMS (Centers for Medicare Services) regulations limit the use of as needed psychotropic (drugs that effect a person's mental status) to 14 days. The form indicated that if the physician believed it was appropriate for the as needed medication to be continued for greater than 14 days, to document the rational and duration for continuing the medication in the medical record. This form was signed by the APN (Advanced Practice Nurse) on 11/10/2024, indicated no change and the clinical rational for continuing was documented below. The only notation on the form after the APN wrote an x next to no change was that the medication should be continued per family. d. On 01/24/2025 at 8:45 AM, the Director of Nursing (DON) was shown the pharmacy consultant MRR recommendation for 10/28/2028, for Resident #25 and confirmed the form did not show the reason or duration for continuing the medication as needed past 14 days. DON was asked if the clinical rational and duration for use of the as needed [Name brand anti-anxiety medication] was documented anywhere else in Resident #25's medical record and DON stated they would look and let the surveyor know. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. On 01/24/25 at 11:20 AM, the DON provided a form titled Letter of Necessity dated 1/24/2025, and signed by the Advanced Practice Registered Nurse (APRN) that indicated the as needed [Name brand anti-anxiety medication] was required to treat anxiety, and Resident #25 should remain on the medication long term for further occurrences of anxiety. The DON was asked if they had found anything in Resident #25's record regarding the pharmacy consultants October 28th recommendation, indicating the clinical reason and duration for continuing the residents as needed [Name brand anti-anxiety medication]. The DON stated that they had not. f. On 01/24/25 at 11:30AM, the DON was asked if the facility had a policy on medication administration. g. On 01/24/25 at 11:55 AM, the policy titled Medication Therapy provided by the DON indicated each resident's medications should include only those medications necessary to treat existing conditions and address significant risks. Medications should be reviewed periodically for continued indications, proper dosage, duration, and possible adverse consequences. The physician will identify situations where medications should be tapered, discontinued or changed to another medication, for example when medications are given in excessive doses, for extensive periods of time, or in the absence of a valid clinical rational.