

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Conway Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2603 Dave Ward Drive Conway, AR 72034	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48808</p> <p>Based on observation, interview and record review the facility failed to maintain a safe and homelike environment, ensuring safety from floor clutter, detached wall vinyl, and detached wall rails posing potential hazards for falls.</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of an undated policy titled, Accidents, Hazard Prevention, specified, the frailty of some residents increases their vulnerability to hazards in the resident environment and can result in life-threatening injuries. It is important that all facility staff understand the facility's responsibility, as well as their own, to ensure the safest environment possible for residents. On 10/30/2023, at 9:15 AM, environmental rounds were made in the facility, the following were observed: <ol style="list-style-type: none"> Standing at the front of the 100 Hall, and facing room [ROOM NUMBER], in the middle of the room, on the floor, between Bed A, located horizontal on the left side of the room, against the wall and Bed B, located vertical under the wall light, on the right side of the room, were three (3) medium size full cardboard boxes, shoes, clothes, personal documents, books, magazines, and three (3) full size plastic grocery bags of clothes, spread out on the floor between and in front of the privacy curtain. In addition, the bed side table on the left side of the room, between the bathroom and closets, obstructed the sink pathway, with an upright television, detached cords lying on the floor just under the bedside table, which belonged to Bed B. Entering the dining room, on the 300 Hall, after leaving the nurses station, located in the center of the building, immediate to the right was 6-inch wall vinyl four feet in length, detaching from the wall of the dining room on the immediate right of the entrance. The floor had brownish-black discolored stains and debris. Standing in front of the 300 Hall, upon entering room [ROOM NUMBER], standing at the door, to the immediate left, the wall rail, eight (8) inches by five (5) feet detached from the wall, on the left side and held up by a bedside table. <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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Standing at the entrance of room [ROOM NUMBER], on the left side of the room, between the sink and the bathroom, six (6) inches by two (2) feet vinyl trim was detached from the wall. On the left side of the room the bed was positioned horizontally against the wall, half-way between the bottom and top of the bed was a 6-inch gash in the middle of the wall, with fuzzy residue. Toward the head of the bed, on the left was 1 gash, 1 inch by 2 inches with white fuzzy residue exposing grainy white substance, next to resident 's sleeping pillows.</p> <p>3. On 10/30/2024, during a tour with the Administrator and the Corporate Nurse Consultant at 2:06 PM, in response to the questions, is maintenance available and are you aware of the difficulty walking in room [ROOM NUMBER], disconnecting vinyl in the dining room upon entering from the 300 Hall with the discolored stains and debris, hanging wall rail in room [ROOM NUMBER], and the disconnected vinyl trim and wall gashes next to the bed where the resident sleeps the Administrator stated, maintenance is not here. The Corporate Nurse stated that the repairs will be made immediately.</p> <p>4. Review of the facility Maintenance Request Book obtained from the Administrator on 10/30/2024 with dates for current repairs, revealed no maintenance requests for the vinyl repair in the dining room, or any repairs requested for room [ROOM NUMBER], and 307.</p>