## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 11/20/2025 Form Approved OMB No. 0938-0391

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 08/21/2025	
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 con	tact 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 0627  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.  Based on record review, facility document review, interview, and facility policy review, it was determined that the facility falled to not discharge on e (Resident #81) of one sampled resident after an appeal was filed.  The findings include:  A review of Resident #81's admission Record indicated the facility admitted the resident on 12/23/2024, with diagnoses which included anxiety disorder.  A review of Resident #81's discharge Minimum Data Set with an Assessment Reference Date of 07/24/2025, revealed a Brief Interview of Mental Status score of 15, which indicated the resident was cognitively intact.  A review of Resident #81's Care Plan Report, revised on 12/26/2024, revealed there were no discharge plans anticipated. Resident #81's Care Plan Report indicated plans for the resident to remain in the facility for long-term care. Resident #81's Care Plan did not indicate that the resident smoked.  A review of a Discharge Notice, dated 07/23/2025 and signed by the Administrator, indicated that a decision had been made to discharge Resident #81 effective 30-days from 07/23/2025. The Discharge Notice also documented that Resident #81's discharge may be appealed within seven days from 07/23/2025.  A document titled, Resident #81's Appeal, dated 07/23/2025, documented &idquol, [Resident #81], wish to appeal this involuntary discharge from [facility name]."  A review of Resident #81's progress note dated 7/22/2025 revealed Resident #81 refused to give up a pack of cigarettes and lighter. Her son was called, and he was informed that if Resident #81 have any other behaviors within the 30 days the discharge will be immediate.  A review of a progress note dated 6/02/2025 indicated Resident #81 instigated conflict with another resident. [Resident #81 was in the hallway and would purposely stop in front of the other resident. (continued			

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: 045245

If continuation sheet Page 1 of 3

## Department of Health & Human Services Centers for Medicare & Medicaid Services

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			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045245	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025	
NAME OF PROVIDER OR SUPPLIER  Conway Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2603 Dave Ward Drive Conway, AR 72034		
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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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few				

## Department of Health & Human Services Centers for Medicare & Medicaid Services

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			NO. 0930-0391
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 08/21/2025
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 p	plan to correct this deficiency, please con	tact 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 0627  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few			ealed, The nursing facility will not lure to discharge would endanger