STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045248	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southfork River Therapy and Living	624 Hwy 62/412 West Salem, AR 72576

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Number of residents sampled:22Number of residents cited:2Based on record review and interviews the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately completed for two (Resident #2 and Resident #29) of 22 residents reviewed for MDS accuracy. Specifically, the facility failed to ensure information regarding the resident's pain medication regimen was accurately completed for Resident #2 and failed to ensure information regarding nutritional approaches was accurately completed for Resident #29. The findings include: Resident #2 Review of an admission Record indicated the facility admitted Resident #2 on 06/06/2024 with diagnoses that included chronic pain, fibromyalgia [widespread chronic pain and fatigue], fracture of the top section near the hip joint of the left upper leg and osteoarthritis. Review of a quarterly MDS, with an Assessment Reference Date (ARD) of 02/05/2026, revealed Resident #2 had a Staff Interview for Mental Status (SAMS) score of 3 which indicated the resident was severely impaired for daily decision making. The MDS also revealed Resident #2 was on opioids and had not received a scheduled pain medication regimen. Review of Resident #2's Care Plan initiated on 11/13/2025, revealed the resident had chronic pain related to fibromyalgia and fracture of the top section near the hip joint of the left upper leg. Care Plan interventions included to anticipate the resident's needs for pain relief, monitor/record/report to nurse [if] resident complains of pain, and to notify physician if interventions are unsuccessful. Review of an Order Summary revealed Resident #2 had a pain patch to be applied every 72 hours with an order start date of 11/12/2025. A review of a February Medication Administration Record (MAR) revealed Resident #2 had a pain patch applied on 02/01/2026 that was not reflected in the five-day look back period for the quarterly MDS completed on 02/05/2026. During an interview on 03/12/2026 at 9:49 AM, the MDS Coordinator indicated it was her responsibility to complete the MDS. She stated she reviewed resident orders to see what the orders were to code the MDS appropriately for each resident. The MDS coordinator stated that if a resident was on a pain patch, then medication regimen in the MDS should be marked yes. The MDS Coordinator stated that Resident #2's quarterly MDS medication regimen should be marked as Yes instead of No due to Resident #2 having an order for a pain patch that was to be changed every three days. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	During an interview on 03/12/2026 at 11:20AM, the Director of Nursing (DON) stated Resident #2 was on a pain patch that was changed every 72 hours. The DON stated that if the MDS was not coded correctly, the MDS would need to be modified. Resident #29 Review of an admission Record indicated the facility admitted Resident #29 on 07/27/1988 with diagnoses of muscle wasting and atrophy, severe intellectual disabilities, dementia, and schizoaffective disorder. Review of a quarterly MDS with an ARD of 12/24/2025, revealed Resident #29 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated Resident #29 had severe cognitive impairment. The MDS indicated that Resident #29 had received parenteral/IV feeding, had had a feeding tube, received a mechanically altered and therapeutic diet while a resident in the facility. The MDS also revealed in a separate section that Resident #29 had no swallowing disorders, had no proportion of total calories or average fluid intake through parenteral or tube feeding while a resident or during entire seven days listed. Review of Resident #29's Care Plan, revised on 10/22/2024, revealed Resident #29 had a nutritional problem or potential nutritional problem related to intellectual disabilities, schizoaffective disorder, muscle wasting and atrophy. Care Plan interventions included monitor/record/report to Medical Doctor signs and symptoms of malnutrition. Review of an Order Summary revealed Resident #29 had a regular diet with regular texture and regular consistency with an order start date of 10/30/2024. During an interview on 03/12/2026 at 9:49 AM, the MDS Coordinator revealed that she interviewed Certified Nursing Assistants, reviewed orders, Nurse's Progress Notes, tasks, and the resident's chart to see what the orders were to code the MDS appropriately for the resident. The MDS coordinator revealed a resident was coded according to what dietary order the resident was on. The MDS coordinator stated that after looking at Resident #29, Resident #29 had parenteral/IV therapeutic diet, feeding tube/parenteral and mechanically altered diet coded. The MDS Coordinator stated that the dietary portion of the MDS was completed by the Dietary Manager, who was new to the position and probably did not know how to code the MDS correctly. The MDS Coordinator stated that it was ultimately her responsibility to make sure the MDS was coded correctly. The MDS coordinator also stated that coding the MDS was very important and could make the facility lose money or have to pay money back to Medicare/Medicaid. During an interview on 03/12/2026 at 11:20 AM, the Director of Nursing (DON) stated that Resident #29 had not had a feeding tube since she had been employed at the facility for the past 6 years.