STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045268	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Van Buren Healthcare and Rehabilitation Center	1404 North 28th Street Van Buren, AR 72956

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. Number of residents sampled: Number of residents cited: Based on record review, interview and facility policy review, the facility failed to develop and implement a person-centered comprehensive care plan that included dementia care needs for one (Resident #37) of one resident reviewed. The findings include: Review of Resident #37's admission Record revealed the facility admitted Resident #37 on 08/05/2023 with diagnoses that included dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance with an onset date of 09/02/2025. Review of Resident #37's Physician Orders revealed Resident #37 was admitted to [the facility] long-term care (LTC) with an order date of 11/03/2025. Review of Resident #37's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/08/2026, revealed Resident #37 had a Brief Interview for Mental Status score of 10, which indicated Resident #37 had moderate cognitive impairment. The MDS also revealed active diagnoses in the last seven days that included non-Alzheimer's dementia. Review of Resident #37's Care Plan, with a review date of 03/11/2026, revealed the Care Plan did not indicate a focus or interventions for dementia care. During an interview on 05/20/2026 at 10:53 AM, MDS Coordinator #1 reviewed Resident #37's quarterly MDS with an ARD of 03/08/2026 and confirmed there was an active diagnosis for non-Alzheimer's dementia. MDS Coordinator #1 reviewed the Care Plan and confirmed there was no focus area for dementia care included. During an interview on 05/20/2026 at 10:58 AM, MDS Coordinator #2 stated she completed Care Plans prior to MDS Coordinator #1 at the facility. MDS Coordinator #2 stated she completed the Care Plan for Resident #37. She stated Resident #37 was originally admitted in 2023, the dementia diagnosis was not added until 2025, and she did not catch it When that occurred. MDS Coordinator #2 stated a diagnosis of dementia should be added to Resident #37's Care Plan and any specific interventions needed. When she was asked why dementia should be care planned, she stated, residents with dementia may have fluctuations of behavior and may have moments of confusion that staff should address. MDS Coordinator #2 stated that she updated Care Plans quarterly at minimum. She stated a (continued on next page)

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:	(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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	daily report was run and anything on the order listing report would be added on the Care Plan. She stated she and MDS Coordinator #1 were the only staff who updated resident Care Plans. During an interview on 05/21/2026 at 11:12 AM, the Director of Nursing (DON) stated that MDS Coordinator #1 and #2 were responsible for developing residents' Care Plans. She stated the Certified Nursing Assistants (CNAs) had access to resident Care Plans in the electronic computer system. She stated dementia should be care planned, to individualize the resident's care so that staff is aware the resident has dementia and to individualize the interventions so the staff will take better care of the residents. Review of a facility policy titled, Care Plans-Comprehensive with a revision date 03/01/2022, revealed that each comprehensive care plan has been designed to incorporate identified problem areas, incorporate risk factors associated with identified problems and identify the professional services that are possible for each element of care.