

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>045304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>09/05/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beebe Retirement Center, Inc.                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>709 McAfee Lane<br>Beebe, AR 72012 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                 |
| F 0838<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on observations, interviews, record review and facility policy review, it was determined that the facility failed to ensure sufficient staffing in accordance with the facility assessment on 24 of 66 shifts reviewed from 08/10/2025 to 09/01/2025, to ensure required care for was provided. The findings include: Review of the Facility Assessment, which was updated on 09/30/2024, indicated the facility's average census was 81 residents with 13 short term residents, 14 residents in the secure memory care unit, with the remainder the census and required staffing at the following ratio to meet the resident's needs: Day Shift (7am to 3 pm): 1 Certified Nursing Assistant (CNA) per 7 residents and 2 licensed nurses and a Medication Assistant Certified. (MA-C) Evening Shift (3 pm to 11 pm):1 CNA per 9 residents, 2 Licensed Practical nurse and a MA-C. Night Shift (11 pm to 7am) :1 CNA per 13 residents and 2 licensed nurses. With an average daily census of 82 the facility would require 12 CNAs on day shift, 9 CNAs on evening shift and 6 CNAs on night shift. Review of the staffing sheets and assignment sheets for August 10, 2025, to September 1, 2025, indicated the facility did not meet the staffing requirement set forth by the facility assessment for the following:Day shift CNAs on 08/23/24, 08/24/2025, 08/30/2025 and 08/31/2025Evening shift CNAs on 08/17/2025 and 08/30/2025Night shift CNAs on 08/10/2025, 08/11/2025, 08/12/2025, 08/16/2025, 08/17/2025, 08/18/2025, 08/19/2025, 08/20/2025, 08/21/2025, 08/22/2025, 08/24/2025, 08/26/2025, 08/27/2025, 08/28/2025, 08/29/2025, 08/30/2025, 08/31/2025 and 09/01/2025.During initial rounds of the facility on 09/02/2025, Resident #1 (10:44 AM) and Resident #49 (1:27 PM), indicated the facility frequently did not have sufficient staff to complete all care requirements for the residents of the facility. They also reported insufficient staffing occurred across various shifts. On 09/04/2025 at 1:10 PM, during a resident council meeting, Resident #45 indicated it had recently taken an hour and a half for staff to answer their call light. Resident #45 also indicated that sometimes there are only three CNA's working at night and there were not sufficient staff to provide the care they needed. During an interview on 09/05/2025 at 1:20 PM, the Administrator (AD) stated she did not have any concerns about not having enough staff to provide care for the residents. She stated that if the facility had a call-in, every attempt was made to find coverage, and department heads would come in if needed and it was rare to not be able to find coverage, either with someone staying over or coming in. The AD also stated that the facility had a run advertisement on a job website to get applicants for employment, and that there was a local class for CNAs and the facility would recruit from there. During an interview on 09/05/2025 at 2:00 PM, the Director of Nursing (DON) indicated she had no concerns related to insufficient staff to provide required care to the residents. The DON stated if anyone called in, every attempt was made to replace them. If an employee called in often they were counseled on attendance. The DON stated the scheduler had a good rapport with the staff and usually could get the shifts covered. During an interview on 09/05/2025 at 3:13 PM, Housekeeper (HSK) #5 reported insufficient staff in general, with CNAs being short staffed most often and that insufficient staffing was worse on the night shift. HSK #5 stated she knew of CNAs working over their scheduled hours and working extra shifts to help cover for insufficient staffing. During an interview on (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beebe Retirement Center, Inc.                                                                  |                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>709 McAfee Lane<br>Beebe, AR 72012 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                 |
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| F 0838<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | 09/05/2025 at 3:00 PM, CNA #6 indicated that people call in a lot, which causes the staff to work short. CNA #6 reported being asked to stay late or work extra about every other day to cover for insufficient staffing. Review of a facility policy titled Staffing indicated, The facility would provide sufficient numbers of staff to provide care and services for all residents. |                                                                                 |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observation, interview and policy review, it was determined the facility failed to ensure to ensure no expired medications were given to residents in two of three medication carts observed for expired medications.</p> <p>The findings include:</p> <p>During an observation on 09/04/2025 at 9:15 AM, this surveyor observed four opened multi-use Lantus insulin pens, one opened Basaglar multi-use insulin pen and one opened Degludec insulin pen, were observed in the top drawer of the medication cart used for 400, 500, and 600 halls. There was no indication of an opened date on the insulin pens.</p> <p>During an interview on 09/04/2025 at 9:17 AM, LPN #10 confirmed it was important to write the date opened on insulin to prevent giving expired medication to the residents.</p> <p>Review of a facility policy titled, Medication Labeling and Storage indicated opened medication vials are dated and used or discarded after 28 days unless manufactures indicate a shorter or longer date.</p> |                                                                                 |                                                 |

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| F 0577<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observations, interviews, and facility record review, it was determined that the facility failed to ensure residents, family member and legal representatives had access to the facility's most recent survey results.</p> <p>The findings include:</p> <p>During an observation on 09/04/2025 at 2:45 PM, the surveyor was unable to locate the posted results of the most recent survey of the facility.</p> <p>During a concurrent observation and interview on 09/04/2025 at 5:03 PM, the Administrator was asked for the location of the posted survey results and stated, The binder is in the front lobby. The Administrator and Activity Director were unable to locate the binder in the front lobby. After searching, it was found behind the nurse's station, out of sight and out of reach of residents and the public, and unavailable for review without asking.</p> |                                                                                 |                                                 |