STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045305	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Trace Rehabilitation and Care Center	22515 I 30 Bryant, AR 72022

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews, record reviews and facility policy review, the facility failed to ensure an injury of unknown origin was reported to the Office of Long-Term Care for one (Resident #1) of one resident with an unknown injury within two hours. The findings include: A review of an admission Record revealed the facility admitted Resident #1 on 09/03/2021 with diagnoses which included vascular dementia and contracture of an unspecified joint. A review of a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/23/2026 revealed Resident #1 was comatose. Resident #1 was dependent on staff for care. A review of a Care Plan initiated on 09/05/2021 revealed that Resident #1 required transfer by mechanical lift with two staff. A review of a Care Plan initiated on 11/18/2025 revealed Resident #1 required two staff were required for bed mobility. A review of Hospital Records dated 10/22/2025 revealed that Resident #1 chest X-Ray revealed right second, third, fourth, fifth, sixth, and seventh rib fractures which are most likely recent. The X-Ray also revealed left-sided nondisplaced rib fractures. A review of an Incident Report dated 10/24/2025 at 10:00 AM indicated that Resident #1 was sent to the emergency room for vomiting. The incident report indicated that Hospital Records were received indicating that Resident #1 had rib fractures. The incident report did not indicate the time that the Office of Long-Term Care (OLTC) was notified. The report indicated that the police were notified on 10/27/2025 at 4:00 PM. Review of an OLTC Incident and Accident Report indicated that the facility was made aware that Resident #1 had rib fractures on 10/24/2025 at 10:00 AM. The incident was submitted to OLTC on 10/24/2025 at 1:16 PM. During an interview on 06/24/2026 at 3:34 PM, the Administrator indicated that she was notified at 10:00 AM on 10/24/2025 that Resident #1 had rib fractures. The Administrator indicated that Hospital Records revealed that Resident #1 had rib fractures. The Administrator indicated that an injury of unknown origin should be reported to OLTC immediately. The Administrator indicated that the Director of Nursing (DON) and Administrator were responsible for contacting OLTC. (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
	045305	A. Building B. Wing	06/24/2026

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/24/2026 at 4:15 PM, the Director of Nursing (DON) indicated that Hospital Records were received that indicated Resident #1 had fractures. The DON indicated that the DON and Administrator usually report injury of unknown origin to OLTC. The DON indicated that OLTC should be notified within two hours of an injury of unknown origin. The DON indicated that she was not sure why the injury was not reported within two hours.A review of a facility in-service dated 10/24/2026, revealed to assess pain when monitoring or assessing residents. The in-service was signed by 20 staff members. A review of a facility titled Abuse, Neglect, and Maltreatment Investigation Reporting Policy revealed that serious bodily injury should be reported within two hours. The policy indicated that injury of an unknown source is injury that was not observed, injury that could not be explained by the resident, and/or the injury is suspicious because of the extent and location of the injury.