

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER St Andrews Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 College Avenue Conway, AR 72034	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48808</p> <p>Based on observation and interviews, the facility failed to promote a healthy comfortable environment to support a safe living, healthy homelike and comfortable environment.</p> <p>The findings include:</p> <p>1. On 07/01/2023, at 2:22 PM, environmental rounds were made in the facility, during which the following were observed:</p> <p>a. Upon entering room [ROOM NUMBER], standing at the entrance, on the left side of the middle to the wall, has 4 pieces of sheetrock two inches by three inches missing from the wall, as well as one gouge measuring six inches.</p> <p>b. Upon entering room [ROOM NUMBER], standing at the entrance, to the far left of the room on the ceiling, are white patches of white, caked in appearance with dark discoloration on a slightly bowed surface.</p> <p>c. Upon entering room [ROOM NUMBER], standing at the front entrance, on the immediate left, past the bathroom, the edge of the left corner wall between the built-in chest of draws, is exposed metal edges mid-way with sheet rock and tape.</p> <p>d. Next to the storage room on the left, (200 hall), there is evidence of side [NAME] at floor level, detached from the wall, six inches in height and one foot in width.</p> <p>e. During an interview with the Administrator on 07/02/2024 at 3:45 PM, the Administrator was asked if they were aware of the needed repairs in rooms 222, 211, 220, and the trim next to the storage room on hall 200, and if the facility had a policy on these issues. The Administrator stated, We do not have a policy for environmental repairs, was not aware, but the Maintenance man will meet you and will correct repair issues.</p> <p>f. During a tour with the Maintenance man on 07/03/2024 at 9:55 AM, in response to the question, Where you aware of the needed repairs in rooms 222, 211, 220, and the trim next to the storage room on hall 200? The Maintenance man stated, I have been working on the bigger jobs and missed the smaller repairs of room [ROOM NUMBER], 220, and the trim issue next to the storage room. I have been working toward repairs of the leaking roof and missed room [ROOM NUMBER].</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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