STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045341	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowview Healthcare and Rehab	825 North Gaskill Huntsville, AR 72740

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Number of residents sampled: Number of residents cited: Based on observations, interviews, record reviews and facility policy review, the facility failed to ensure oxygen tubing and humidifier bottle were changed as ordered by the Physician, and a resident who was not Care Planned for self-administration was not left unattended while receiving an inhaled medication for one (Resident #5) of two residents reviewed for respiratory therapy. The findings include: Review of an admission Record revealed the facility admitted Resident #5 on 03/16/2026 with diagnoses which included chronic obstructive pulmonary disease. Review of an admission Minimum Data Set with an Assessment Reference Date of 03/16/2026 revealed Resident #5 had a Brief Interview of Mental Status score of 10 which indicated the resident had moderate cognitive impairment. Review of Resident #5's Care Plan, initiated on 03/27/2026, revealed that Resident #5 had oxygen therapy related to ineffective gas change. Interventions included monitoring for signs and symptoms of respiratory distress, increased heart rate, lethargy, confusion, cough, and chest pain. The Care Plan review revealed Resident #5 was not Care Planned to self-administer medications. Review of an Order Summary Report revealed an order with a start date of 03/16/2026 to check water level in humidifier and clean filter every night shift, every 7 days. The Order Summary Report revealed an order with a start date of 03/16/2026 to change the oxygen tubing and the humidifier bottle every 14 days. The Order Summary Report also revealed an order with a start date of 04/27/2026 indicated to administer [bronchodilator] (breathing treatment) by nebulizer three times a day related to Chronic Obstructive Pulmonary Disease. During an observation and concurrent interview on 05/04/2026 at 1:38 PM, this surveyor observed Resident #5 in bed with a nebulizer mask on the resident's face. Resident #5 stated that they were receiving a bronchodilator breathing treatment. The medication was visible in the cup on the nebulizer. There was no water in the resident's oxygen humidification bottle and there was not a nurse in the room, nor was a nurse in the line of sight of Resident #5. Resident #5 stated that the nurse put the oxygen mask on the resident and left the room. Resident #5 stated they received a breathing treatment three times a day that was administered over the course of approximately 15 minutes, and that the nurses did not stay in the room while the resident received the breathing treatments. (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
	045341	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowview Healthcare and Rehab	825 North Gaskill Huntsville, AR 72740

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #5's medical records indicated that Resident #5 did not have a self-administration assessment. During an observation on 05/04/2026 at 2:03 PM, this surveyor observed that Resident #5's oxygen tubing and humidifier bottle was dated 04/13/2026. During an interview on 05/04/2026 at 2:27 PM, Registered Nurse (RN) #2 stated that she would set a timer for 15 minutes after Resident #5's breathing treatment was started then she would go back to the room and turn the nebulizer off. RN #2 stated that she was not sure if Resident #5 was Care Planned for self-administration of the breathing treatment. RN #2 stated that she did not check the water level in the humidifier bottle daily. RN #2 stated that she checked the humidifier bottle if one of the Certified Nursing Assistants (CNAs) informed her that the water bottle was empty and that oxygen tubing was changed once a month. During an interview on 05/06/2026 at 9:33 AM, Resident #5 indicated that the nurse changed the oxygen tubing and added water to the humidifier bottle today. During an interview on 05/06/2026 at 3:37 PM, the Director of Nursing (DON) stated that the nurse should remain in Resident #5's room while a breathing treatment was being administered. The DON stated that the humidifier water should be filled with water every 7 days and when empty. The DON indicated that the nurses should check the water bottle every time they were giving medications. The DON indicated that the oxygen tubing should be changed every 14 days on the 10 PM-6 AM shift. Review of a facility policy titled Oxygen Policy with a handwritten date of 05/04/2026, revealed that refillable humidifier bottles should be replaced every two weeks, refilled as needed with fresh distilled water, labeled with date, and initialed. The policy also revealed that the nasal cannula should be changed every two weeks, labeled with date and initials.