

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Nashville Nursing and Rehab Services of Arkansas		STREET ADDRESS, CITY, STATE, ZIP CODE 810 North 8th St Nashville, AR 71852	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49071</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to ensure a resident who required extensive assistance with personal hygiene was regularly offered trimming of their nails to maintain good grooming and hygiene for 2 (Residents #1 and #2) of 3 sampled residents reviewed for activities of daily living (ADLs).</p> <p>Findings include:</p> <p>A review of a facility policy titled, Nail Care Policy and Procedure, reviewed 08/06/2024, indicated, Purpose: 1. To provide cleanliness. Policy: All residents will have nails cleaned and trimmed once weekly or as needed per resident request.</p> <p>The discharge Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/19/2024, revealed Resident #1 had a Brief Interview Mental Status (BIMS) with a score of 10 which indicated the resident had moderate cognitive impairment.</p> <p>Review of Diagnosis form indicated Resident #1 had a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>A review of Resident #1's Care Plan, revised on 04/30/2024, indicated the resident had an activities of daily living deficit related to seizures and required assistance of one staff for personal hygiene.</p> <p>During a concurrent observation and interview on 8/05/2024 at 1:18 PM, Resident #1's left thumb nail was 1 inch long with a black substance under the nail. The remaining fingernails on both hands were 0.5 to 0.75 inch long with dark black substance under each nail. Resident#1 reported attempting to have staff cut and clean their nails, but no one would.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/18/2024 revealed Resident #2 had a Brief Interview Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment.</p> <p>A review of a Diagnosis form indicated Resident #2 had diagnoses of unspecified dementia and Alzheimer disease.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #2's Care Plan, revised on 04/18/2023, indicated the resident had an activities of daily living self-care performance deficit related to dementia and required assistance from one staff for personal hygiene.</p> <p>During an observation and interview on 8/05/2024 at 1:22 PM, Resident #2 was sitting in bed with long 0.25 and 0.5 inch jagged nails, with a brown substance under nails on all nails on both hands. Resident #2 stated, I used to get my nails done but I cannot get anyone to do anything to my nails here.</p> <p>During an interview on 8/06/2024 at 08:54 AM, Certified Nursing Assistant (CNA) #1 stated that bath aides provide nail care to the residents, as well as other staff, if they were to notice nail care was needed. CNA #1 stated nails should be observed daily and if a resident refuses nail care, the CNA would notify the Administrator and the Director of Nursing (DON).</p> <p>During an interview on 8/06/2024 at 08:59 AM, the DON stated the nurses were responsible to ensure nail care was provided to the residents and nail care should be provided on the resident's bath day and at least weekly. The DON stated if a resident refused nail care, staff should notify the nurse, who would ensure the refusal was care planned.</p>