

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 11/15/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>47916</p> <p>Based on observation, record review, and interview the facility failed to ensure a resident was not served carrots from a resident ' s dislike list to prevent weight loss and ensure proper nutrition for 1 (Resident #16) resident of 1 sampled resident reviewed for choices.</p> <p>Findings include:</p> <p>1. A review of Medical Diagnoses, revealed Resident #16 with diagnoses of left sided weakness, type II diabetes, and depressive disorders.</p> <p>a. Review of Resident #16 ' sAnnual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/04/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 (13-15 indicate cognitively intact). Review of MDS section K0520 indicated no special diet.</p> <p>b. Review of Resident #16's Care Plan, dated 09/18/2024, revealed Resident #16 required set up assistance from staff during meal service.</p> <p>c. On 11/12/24 at 2:53 PM, Resident #16 told the Surveyor dietary has repeatedly been told that Resident #16 does not like carrots, but they keep serving them. Surveyor observed soft carrots and mashed potatoes resting on Resident #16's plate. Resident #16 ' s meal slip shows dislikes: carrots, rice.</p> <p>d. On 11/13/24 at 9:00 AM, Dietary Manager stated they check plates before trays leave the kitchen, but Certified Nursing Assistants (CNAs) on the floor were expected to compare the food served, to the meal slip and return the plate to the kitchen if the resident was served a dislike. Dietary Manager confirmed Resident #16 should not have been served carrots because it was a dislike.</p> <p>d. Review of a policy titled Meal Identification and Preference Cards/Tickets, revealed preference cards or meal tickets were used to identify resident ' s needs and desires for food during mealtime. Meal tickets were used to make sure that residents received the correct diet and resident food preferences were honored.</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
---	-------	-----------

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 11/15/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>47916</p> <p>Based on observation, record review, interview, and facility policy review, it was determined the facility failed to ensure that resident ' s personal information was protected according to policy to prevent others from having access and provide a dignified existence for 1 (Resident #4) resident of 1 sampled (Resident #4) resident reviewed for privacy.</p> <p>Findings include:</p> <p>1. Review of Resident #4 ' s Order Summary Report revealed diagnoses of lung disease, type II diabetes, and osteoarthritis.</p> <p>a. Review of a significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/14/2024 suggested a Brief Interview for Mental Status (BIMS) score of 04 (0-7 indicate severe cognitive impairment).</p> <p>b. On 11/12/2024 at 11:00 AM, the Director of Nursing (DON) provided the Privacy section of the admission packet which revealed all residents will be treated with respect and dignity, and private information will not be shared with people not involved in a residents care.</p> <p>c. On 11/14/24 at 7:59 AM, an open computer screen resting on a medication cart was observed on 300 hall facing anyone that was walking up the hallway, with Resident #4's room number, date of birth with age, code status, vitals, weight, and medications in clear view. Licensed Practical Nurse (LPN) #3 approached and stated she had made a mistake and knew that she left the screen unlocked. LPN #3 confirmed that when she walked away from the medication cart she was supposed to lock and close the computer screen, so no personal information was showing.</p> <p>d. During an interview with Director of Nursing (DON) on 11/14/24 at 9:37 AM, the DON stated she expects nursing to lock and close the computer screen when they walk away from their computer to prevent others from seeing a resident ' s private information.</p> <p>e. On 11/14/24 at 10:14 AM, DON provided a policy titled Resident Privacy and Confidentiality, which revealed residents have the right to have their personal and clinical information kept confidential to maintain dignity.</p>

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 11/15/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</p> <p>49596</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure room deodorizer spray, disinfectant wipes, and medications were not stored at the bedside of an empty room to prevent diversion, accidents and injuries. The facility failed to ensure medications were not stored in reach of residents, on the counter of the nursing station, to prevent accidents or injuries of 2 sampled (Residents 4, and Resident #15) residents sitting near the nurse ' s station.</p> <p>Findings include:</p> <p>1. a. On 11/12/24 at 10:27 AM, the Surveyor observed room deodorizer spray, antifungal powder and 4 Vitamin A&D ointment packets on top of a shelf, to the left of the bed in room [ROOM NUMBER], one 2 oz. zinc oxide ointment and disinfectant wipes were on the second shelf, and on the bottom shelf was a bottle of rapid release pain reliever, and two 3.75oz tubes of 2% antifungal cream.</p> <p>b. During an interview with Director of Nursing (DON) on 11/13/24 at 12:52 PM, the DON was asked if any residents have administrative rights, and what the process would be if someone had rights, and they were discharged . The DON stated she does not think anyone has rights, and medications would have to be stored and locked away in a resident's room and nursing would have to make sure the resident took the medications appropriately. If a resident discharged the medications should be counted and locked away. The DON confirmed it was not appropriate for disinfectants or medications to be left at the bedside, or in a former resident ' s room because another resident could get their hands on them.</p> <p>c. On 11/13/24 at 1:30 PM, review of a policy titled Medication, Self-Administration, revealed residents have the right to self-administer medications after the interdisciplinary team has determined that it is safe, and the resident has received instructions on the use. A policy titled Medication Storage Policy and Procedure, revealed medications must be maintained in a secure manner. DON confirmed they do not have any residents with self-administration rights at this time.</p> <p>2.a. On 11/14/24 at 7:58 AM, a medication cart was observed resting sideways on 300 Hall with the cart unlocked, and Surveyor was able to open the doors on the cart. Licensed Practical Nurse (LPN) #3 approached the cart and stated she was supposed to lock the cart when it was unattended so that nobody can get anything out of the cart.</p> <p>b. During an interview with Director of Nursing (DON) on 11/14/24 at 9:37 AM, DON stated she expects nursing to lock the medication cart when left unattended, so nobody has access to the medications that are not in the locked narcotic box on the cart.</p> <p>3. On 11/14/24 at 5:58 AM, a bottle of wound cleanser was observed sitting on the countertop of the nurse's station. There were two residents, and no staff, sitting in front of the Nurse's station. The medication was wound cleanser with warnings on the bottle instructing the user to avoid eye contact and seek medical attention or call a Poison Control Center if swallowed.</p> <p>(continued on next page)</p>

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 11/15/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Two residents sitting in front of the nurse's station were Resident #15 who had a Brief Interview for Mental Status (BIMS) score of 6 and Resident # 4 who had a BIMS score of 4. A BIMS score indicates how well someone is functioning in their ability to think, learn, remember, use judgement or make decisions:0 - 7 suggests severe functioning ability to think, learn, remember, use judgement, or make decisions.</p> <p>During an interview LPN #1 said the wound cleanser should be in the treatment cart, but it was locked. It should not be left out and accessible to the resident's because it was not safe. LPN #1 looked at the label and said you should avoid eye contact, and with some of our resident's mental status they could drink it, put it in their eyes or spray someone with it.</p> <p>On 11/14/24 at 7:25 AM, the Surveyor reviewed a policy titled The Medication Storage Policy and Procedures which revealed in item 1. Medications and biologicals will be maintained in a secured location only accessible to designated staff. The policy does not contain a date.</p> <p>On 11/14/24 at 7:40 AM, the DON said the wound cleanser should be stored in the treatment cart. It should not be left out in the facility or in a resident's room. The DON said the nurse that used the wound cleanser was responsible for putting it back in the cart where it goes. The cart should be secured, locked.</p>

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 11/15/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>47916</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure controlled narcotics were properly stored in the medication room refrigerator, in the locked narcotic box separate from other medications to prevent misappropriation of resident owned medications.</p> <p>Findings include:</p> <p>1.a. On 11/13/24 at 2:25 PM, the Surveyor asked to see what was in the narcotic box in the medication refrigerator and LPN #4 handed the surveyor two 30ml vials of anti-anxiety medication that were sitting outside the narcotic box. The Surveyor asked the process for storing narcotics in the refrigerator. LPN #4 stated narcotics should be in a cool place and locked in the black narcotic box located in the medication room refrigerator. LPN #4 confirmed that she counted refrigerated narcotics this morning, and told the Director of Nursing (DON) another nurse placed the anti-anxiety medication back in the refrigerator.</p> <p>b. On 11/13/24 at 2:27 PM, the DON was asked what process nursing were expected to use for storing refrigerated narcotics. The DON stated narcotics were to be stored in the locked refrigerator, in the locked narcotic box to prevent discrepancies and diversion.</p> <p>c. On 11/13/24 at 2:28 PM, the DON provided a policy titled Medication, Controlled Substances, which revealed controlled substances are subject to special storage in the facility. CII-V controlled substances are stored in a locked compartment and provided a Quality Assurance Action Plan for the Narcotic Process that was started on 10/31/2024. The DON stated the nurse that placed the medication in the refrigerator had been educated on the plan of correction.</p> <p>d. On 11/13/24 at 2:30 PM, DON provided an in-service titled Narcotic Count, Incoming/outgoing, dated 11/4/2024 which revealed the count must be done each shift, but did not address storing narcotics in the locked, refrigerated, narcotic box.</p>		

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 11/15/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49596</p> <p>Based on observation and interview, the facility failed 1) to ensure food items were labeled with an accurate use by date to ensure food was not used beyond its safety period, 2) to ensure food was stored in accordance with professional standards of food service safety.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 11/12/24 at 10:10 AM, three bags of coleslaw mix, dated 10/24/24, did not have a use by date on the packages, one bag of lettuce, dated 11/8/24, did not have a use by date on the package, and one bag of lettuce, dated 10/28/24, did not have a use by date on the package, all were in the refrigerator of the kitchen. 2. On 11/12/24 at 10:15 AM, a box of biscuits dated 11/1/24, was sitting in the freezer with the bag opened, exposing the biscuits to the elements of the freezer. 3. The Dietary Manager (DM) said it was important to ensure a use by date was on food items so the staff will know when to discard the item and not prepare it for the residents. The DM said a food item used after the use by date could make a resident sick. The DM said it was important to ensure food items were sealed appropriately so the item does not get freezer burned, because it could make a resident sick.

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 11/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47916</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure appropriate hand hygiene was performed during peri-care to reduce the risk of cross contamination and infection for 1 sampled (Resident #15) resident of 2 residents reviewed for bowel and bladder. The facility failed to ensure an effective infection control program was implemented to prevent the potential spread of infections. Specifically, the facility failed to ensure proper signage was posted on residents' doors to indicate which personal protective equipment (PPE) should be in utilized in the rooms of 1 (Residents #26) of 2 residents reviewed for precautions.</p> <p>Findings include:</p> <p>1. On 11/14/24 at 5:17 AM, Certified Nursing Assistant (CNA) #2 performed hand hygiene then was observed wiping Residents #15's peri area, and buttocks with one wipe in multiple directions. Resident #15 rolled onto a clean brief and CNA #2 assisted in changing clothes without performing hand hygiene. Surveyor asked what process was used to maintain hand hygiene during peri care. CNA #2 revealed they are to wash their hands and put on gloves before peri care. Surveyor asked, should hand hygiene be done between clean and dirty? CNA #2 confirmed she should have changed her gloves after removing Resident #15's brief, and before assisting resident in putting on clean clothes because urine from her gloves could be spread all over.</p> <p>a. During an interview with the Director of Nursing (DON) on 11/14/24 at 7:45 AM, DON was asked what process staff were expected to use for hand hygiene during peri care. DON stated staff should wash their hands and glove prior to peri care and before going from dirty to clean. DON stated staff should perform hand hygiene after peri care before putting a clean brief, and clothing on residents to prevent the spread of germs, and the risk of UTI.</p> <p>b. On 11/14/24 at 8:04 AM, DON provided a policy titled Perineal Care, which revealed gloves should be changed after cleaning the perineal, and perineum area, and a policy was provided titled Hand Hygiene, which revealed hand hygiene is used to reduce the spread of infection and cross contamination, because failing to perform hand hygiene can spread pathogens to others. Hand hygiene is expected after direct personal care, and toileting.</p> <p>2. Review of Resident #26 's Order Summary Report revealed, Resident #26 had diagnoses of Hypertension, Diabetes Mellitus (DM), Non -Alzheimer's Dementia, Malnutrition, Anxiety, and Depression.</p> <p>a. Review of Resident #26 's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/17/24 indicated the resident scored a Brief Interview for Mental Status (BIMS) 00 (0-7 indicates severe impairment) and takes antianxiety, anti-depressant, hypoglycemic medications and had a pressure ulcer/injury.</p> <p>b. On 11/13/24 at 1:08 PM, Surveyor observed pressure ulcer/wound care on resident. No Enhanced Barrier sign on door or order noted in chart. Infection control precautions observed except for Enhanced barrier precautions. Wound care orders followed. Hand hygiene observed correctly.</p> <p>(continued on next page)</p>		

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 11/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. On 11/13/24 at 2:35 PM, Surveyor spoke with Director of Nursing (DON) regarding Enhanced Barrier Precaution. Surveyor took DON to resident room, asked DON if resident had any wounds and asked about signage and order. No orders for Enhanced Barrier Precautions or signage on door.</p> <p>d. On 11/14 24 at 10:07 AM, Director of Nursing (DON) provided a policy titled Isolation Policy and Procedure . Isolation and Precaution Categories include . Enhanced Barrier Precautions. Enhanced Barrier Precautions (EBP) are utilized for residents that have wounds. Personal Protective Equipment (PPE) (Gloves and Gowns) are to be utilized for these residents during high-contact resident care activities such as wounds. A wound is any skin opening requiring a dressing.</p> <p>50580</p>