

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Nightingale at Arkadelphia		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Twin Rivers Drive Arkadelphia, AR 71923	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48390</p> <p>Based on interview, record review, and policy review, the facility failed to ensure a refund was received by the resident or responsible party within 30 days from the date of discharge for 7 residents (Residents #277, #278, #279, #280, #281, #282 and #284).</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The Surveyor reviewed the Discharge Minimum Data Set (MDS) of Resident #277, and it showed Resident #277 was discharged on [DATE]. Resident #277's balance as of 06/18/2024 was \$8.00 as listed on the Trial Balance form. 2. The Surveyor reviewed the Discharge MDS of Resident #278 and it showed Resident #278 was discharged on [DATE]. Resident #278's balance as of 06/18/2024 was \$520.00 as listed on the Trial Balance form. 3. The Surveyor reviewed the Discharge MDS of Resident #279 and it showed Resident #279 was discharged on [DATE]. Resident #279's balance as of 06/18/2024 was \$598.37 as listed on the Trial Balance form. 4. The Surveyor reviewed the Discharge MDS of Resident #280 and it showed Resident #280 was discharged on [DATE]. Resident #280's balance as of 06/18/2024 was \$784.11 as listed on the Trial Balance form. 5. The Surveyor reviewed the Discharge MDS of Resident #281 and it showed Resident #281 was discharged on [DATE]. Resident #281's balance as of 06/18/2024 was \$100.21 as listed on the Trial Balance form. 6. The Surveyor reviewed the Discharge MDS of Resident #282 and it showed Resident #282 was discharged on [DATE]. Resident #282's balance as of 06/18/2024 was \$0.22 as listed on the Trial Balance form. 7. The Surveyor reviewed the Discharge MDS of Resident #284 and it showed Resident #284 was discharged on [DATE]. Resident #284's balance as of 06/18/2024 was \$63.08 as listed on the Trial Balance form. <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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>8. The Surveyor reviewed the Discharge MDS of Resident #284 which revealed Resident #284 was discharged on [DATE].</p> <p>a. On 06/19/2024 at 10:25 AM, a review of resident trust account balances on form titled Trial Balance revealed 8 Residents had balances that were at 30 days and over since the resident's discharged .</p> <p>b. On 06/20/2024 at 10:30 AM, the Surveyor interviewed the Business Office Manager (BOM) regarding the 8 accounts that had a balance and had been discharged over 30 days. The BOM was asked, can you explain why these accounts are still open? The BOM indicated she had asked her consultant, and I don't know. The BOM was asked when a resident is discharged from the facility how long does the facility have to return the money? The BOM indicated 30 days.</p> <p>c. On 06/20/2024 at 11:15 AM, during an interview with the Administrator about Resident Funds, the Administrator was asked when a resident discharges from the facility, how long does the facility have to return the resident's money. The Administrator indicated 30 days.</p> <p>d. An untitled Policy regarding Resident Accounts was provided by the Administrator on 06/20/2024 at 12:14 PM, the policy stated, .Conveyance of Funds upon death. Upon the death of a Resident/Elder, all money and valuables entrusted to the nursing facility will be surrendered in exchange for a signed receipt. The funds deposited with the nursing facility, and a final accounting of the Resident/Elder's funds, will be conveyed to the individual or probate jurisdiction administering the Resident/Elder's estate within 30 days.</p>		