STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045356	A. Building B. Wing	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Siloam Healthcare, LLC	811 West Elgin Street Siloam Springs, AR 72761

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 52023 Based on interviews and record review, it was determined that the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately completed for 1 (Resident #88) of 22 residents reviewed for MDS accuracy. Specifically, the facility failed to ensure information regarding the resident's dialysis assessment was accurately completed for Resident #88. Findings include: A review of the facility's undated policy titled Comprehensive Assessment indicated, Comprehensive Assessment are conducted in accordance with criteria and time frame established in Resident Assessment instrument (RAI) User Manual. A review of the Admission Record, indicated the facility admitted Resident #88 with a diagnosis of dependence on renal dialysis. The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/17/2024, revealed Resident #88 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. Upon further review the MDS did not indicate resident was receiving dialysis services. A review of Resident #88's care plan, initiated on 12/13/2024, revealed the resident received hemodialysis Monday, Wednesday, and Fridays. A review of Order Summary Report, revealed Resident #88 had a physician's order for hemodialysis with a start date the same as the admitted . During an interview on 01/15/2025 at 10:23 A.M. the MDS Coordinator stated Resident #88 was on dialysis when admitted , and dialysis was not indicated on the MDS, and Resident #88 was receiving dialysis prior to the admission assessment. The MDS Coordinator stated the failure to have an accurate assessment could affect care provided.

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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. 35684 Based on record review and interviews, the facility failed to ensure physician order changes were immediately initiated for 1 (Resident #13) of 5 residents reviewed for anti-psychotic medications. The findings are: Resident #13 ' s Admission Record was reviewed and indicated resident had a diagnosis of major depressive disorder. Resident #13 ' s January Physician's Orders were reviewed and read in part [Brand name medication used to treat bipolar depression] oral capsule 42 milligrams (mg) Give 1 capsule by mouth at bedtime. Review of Resident #13 ' s quarterly MDS [minimum data set] with an ARD [assessment reference date] of 12/11/2024, indicated a BIMS [brief interview for mental status] of 14 [13-15 cognitively intact]. Resident #13's Care Plan with a review date of 12/12/2024, was reviewed and indicated resident was taking an antidepressant medication: uses antidepressant medication related to Major Depressive Disorder and administer antidepressant medications as ordered by physician Record review of a Psychiatric Evaluation for Resident #13 dated 10/28/2024, revealed Medication Change/Refill [Brand name medication used to treat bipolar depression] Dosage Change - 21 mg at bedtime. On 01/17/25 at 9:16 AM, the Director of Nursing (DON) was shown the Psychiatric evaluation dated 10/28/2024, with the order to decrease [Brand name medication used to treat bipolar depression], she stated she had not seen the form before and would have to check into it. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/17/25 at 10:00 AM, the DON was asked to explain the process for reviewing the consults or visits from providers and responded the process, if done properly, would obviously go through the charge nurse or DON. The DON reported that there was no actual process for outside consults, no specific process was in place for reviewing consultant progress notes. The DON was asked if the medication should have been reduced; DON ' s response was that it should have been reduced or had a risk versus benefit statement from the physician, and the physician should have been notified. When asked if the physician was notified, the DON stated that the physician was not notified. The DON was asked to explain the procedure for notifying a physician after a consult; the DON stated the physician would be notified by her or the charge nurse to let them know what the consult was unless they were in the facility and receive any changes the physician indicated. The DON was asked, who is responsible for ensuring new orders from provider visits have been recorded or changed; the DON remarked that normally would fall on the nurse managers, the DON, or the nurse on the floor who received the order. The DON was asked how long does the facility usually allow for new orders to be put into place; Her response was, immediately, upon notification. The DON was asked if the provider who wrote the order to change Resident #13's antidepressant order was an approved provider for the facility. The DON responded that yes, the NP [nurse practitioner] who prescribed the change in the [Name brand medication used to treat bipolar depression] was a recognized prescriber and the order should have been changed or documented in the record of why the change was not being initiated. A policy for reviewing consultant order changes was requested from the DON. On 01/17/25 at 10:28 AM, the DON stated there was no policy that addressed the review process for consultant changes in medications On 1/16/2025 at 10:49 AM, an Administering Medications policy was received from the DON. The policy was reviewed and read in part that medications were to be administered in a safe and timely manner, and as prescribed; 4. Medications are administered in accordance with prescriber orders, including any required time frame;5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: enhancing optimal therapeutic effect of the medication.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49866 F689 Based on observations, record review, interviews, document review, and facility policy review, the facility failed to investigate to determine the causative factors of falls to facilitate development of effective interventions to prevent further falls and minimize the risk of fall-related injuries for 1 (Resident #35) of 3 sampled residents reviewed for accidents, which resulted in numerous abrasions and two separate hematomas to the forehead resulting from a fall for Resident #35. The findings include: A review of a facility policy titled, Care Plans, Comprehensive Person-Centered with a revision date of March 2022, indicated Care plans interventions are developed after data gathering, proper sequencing of events, consideration of relationships or the underlying source and problem. Also, assessments are on going and updated when condition changes. A review of the Admission Record, indicated the facility admitted Resident #35 with diagnoses that included cerebral infarction (stroke), dementia, diabetes mellitus, spondylolysis (a defect or damage via a stress fracture in one of the vertebrae of the spinal column), anxiety, and psychotic Disorder. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/24/2024, revealed Resident #35 had a Brief Interview of Mental Status (BIMS) of 3 indicating severe cognitive impairment. Further review indicated the resident had two or more falls with no injuries since admission . A review of Resident #35 ' s care plan, revealed the resident was a fall risk related to impaired cognition, communication problems, impaired mobility and had actual falls on 02/12/2024, 02/24/2024, 06/27/2024, 10/08/2024, and 01/07/2025. Interventions included the following: - Observe the resident for appropriate footwear, initiated on 04/17/2022 - To have proper footwear intact while up in a wheelchair, initiated on 01/08/2025 - Staff were to assist the resident into merry walker (adaptive equipment that is utilized to help with a physical or cognitive impairment) instead of recliner, initiated on 10/09/2024 - To keep the bed in the lowest position with fall mat, initiated on 12/10/2023 - If the resident was restless in bed, to assist the resident into a merry walker, initiated on 04/09/2024 Further review of the care plan indicated the resident had poor safety awareness and required supervision, prompts, and cues for safety. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 35 ' s tasks revealed the following: - Staff were educated to provide non-slip footwear daily to the resident on 10/08/2024 - Staff were to encourage the resident to get up for meals - The resident was to always wear Velcro strap tennis shoes when out of bed - To keep the resident ' s bed at lowest position - To ensure a floor mat was beside the bed - The resident was to wear a soft helmet at all times while out of bed. A review of the last 12 months of incident and accident reports indicated Resident #35 had the following falls: - 02/12/2024, the resident was found crawling on the bedroom floor after climbing out of bed and sustained a hematoma to the head and an abrasion to the knee. The fall intervention was continue with the bed in the lowest position, fall mat at bedside, and staff were educated to put the resident in a merry walker if the resident becomes restless. - 03/24/2024, the resident was found crawling on the bedroom floor after climbing out of bed and sustained abrasions to the elbow and a raised area to the forehead. Staff again were educated to put the resident in a merry walker if the resident becomes restless. - 06/27/2024, the resident was found on the bedroom floor. Staff were educated to encourage the resident to get up for meals. - 07/03/2024, the resident was found crawling on the bedroom floor. Staff again were educated to put the resident in a merry walker if the resident becomes restless. - 09/30/2024, the resident was found in the floor in a hallway. The resident had been sitting in the merry walker and staff noticed the safety buckle was undone. Staff educated to ensure safety belt and front bar were secured when the resident was in the chair. - 10/08/2024, the resident was found on the floor in the resident ' s room and had fallen out of the merry walker. The resident was not wearing non-skid socks. Staff were educated to provide non-slip footwear daily. - 01/07/2025, the resident was found on the floor in the TV room. The resident had fallen out of their wheelchair and the resident ' s helmeted head hit another resident ' s wheelchair. The resident was not wearing non-skid footwear. A review of fall assessments for the last 12 months were reviewed and indicated the following: - On 03/26/2024, the assessment indicated the resident did not have any falls in the past 3 months. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 08/09/2024, the assessment indicated the resident had 1-2 falls in the past 3 months. - On 10/01/2024, the assessment indicated the resident was not at risk for falls, even though the resident had 3 falls within the last 3 months. - On 01/07/2025, the assessment indicated the resident did not have any falls within the last 6 months. During an observation on 01/13/2025 at 2:05 PM, Resident #35 was wearing a soft helmet and was sitting in a wheelchair. During an interview on 01/17/25 at 8:28 AM, Licensed Practical Nurse (LPN) #7 stated that Resident #35 was dressed by staff and unable to take footwear off by themselves. During an interview on 01/17/2025 at 8:47 AM, LPN #3 stated Resident #35 had slid of the bad a few times. LPN #3 stated that if the resident urinates in bed at night, the resident gets fidgety and crawls out of bed because the resident does not know how to use the call light for assistance. LPN #3 stated the resident was no longer in a merry walker and was in a regular wheelchair. During an interview on 01/17/25 at 9:11 AM, Registered Nurse (RN) #4 stated that Resident #35 was fully dependent on staff dressing them and had never seen them remove footwear. During an interview on 01/17/25 at 9:48 AM, Certified Nursing Assistant (CNA) #5 stated Resident #35 was a fall risk because the resident was unable to use their legs. CNA #5 stated staff dressed Resident #35 and the resident was not able to take off socks or shoes independently. CNA #5 stated that one of Resident #35 ' s fall interventions was non-slips socks on at all times. CNA #5 also stated that the resident used a walker and not a wheelchair for ambulation. During an interview on 01/17/25 at 9:56 AM, CNA #6 stated Resident #35 was a fall risk, the resident does not use to call light for assistance, and it had been approximately 5 months since the resident was changed from a merry walker to a wheelchair. CNA #6 stated Resident #35 was unable to take off socks and shoes by themselves. During an interview on 01/17/25 at 10:06 AM, Minimum Data Set (MDS) nurse stated Resident #35 already had proper footwear as a fall intervention prior to a fall on 01/07/2025and stated it was not acceptable to repeat a fall intervention that is already in place. MDS nurse stated the Director of Nurses (DON) formulates the fall interventions, and she places them on the care plan. The MDS nurse stated that the resident no longer used a merry walker and was changed to a wheelchair, however, the MDS nurse verified that the care plan had not been updated to reflect the change. The MDS nurse stated not all fall interventions are indicated on Kardex, where the CNAs complete their charting, so CNAs would not know all of the fall interventions. At the end of the interview, the MDS nurse stated Resident #35 ' s care plan was not accurate or up to date. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/17/25 at 10:34 AM, the DON stated that she was aware of proper footwear being on at all times was already a fall intervention, however, on 01/07/2025, Resident #35 did not have them on, so staff were not following interventions that should have been in place. The DON also stated that fall assessments should be completed correctly or it could affect the fall score, indicating if the resident was a fall risk or not. The DON stated the facility had not completed a root cause analysis of Resident #35 ' s falls for the last year and had only looked at the most recent falls.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 35684 Based on observation, interview and record review the facility failed to assess resident for edema and administer prescribed, as needed medication, according to physician's orders for 1 (Resident #7) of 1 sampled resident who had, as needed, diuretic therapy. The findings are: Resident #7 ' s Physician's January 2025 orders were reviewed and read in part that resident had diagnoses of cerebrovascular disease, hypertensive heart disease with heart failure, chronic diastolic heart failure and chronic kidney disease. [Name brand diuretic] Oral Tablet 40 MG [milligram] Give 1 tablet by mouth every 24 hours as needed for prn [as needed] swelling related to chronic diastolic congestive heart failure prn swelling. A significant change minimum data set [MDS] with an ARD [assessment reference date] of 11/13/2024, indicated a BIMS [brief interview for mental status] score of 03 [00-07 suggests severe impairment] On01/13/25 at 11:47 AM Resident #7 was observed sitting in a wheelchair, in the day area. Resident #7 was observed to have on shoes with straps, swelling to both feet that extended beyond both shoes approximately 1 to 1.5 inches. On 01/15/25 at 1:08 PM, Resident #7 was observed sitting in their wheel chair, in the dining room. Resident #7 was observed to have on shoes with swelling to both feet that extended beyond both shoes approximately 1 to 1.5 inches. Resident #7 ' s PCP [primary care physician] was notified of observations during phone conversation conducted on 01/15/2025 at 1:16 PM. On 01/15/25 at 11:04 AM, LPN #1 was asked to review Resident #7's record and relate the reason resident ' s diuretic was changed from routine, to as needed. LPN #1 was unable to locate any progress note that was related to the resident's edema, or [Brand name diuretic] change to as needed. LPN #1 denied knowledge of Resident #7 having edema, LPN #1 denied administering as needed diuretic for edema observed to bilateral lower extremities. LPN #1 unable to voice reasoning for medication change, or if the resident had edema. LPN #1 stated there was not an automatic assessment indicator on the facility electronic medical record to indicate a required assessment for edema. On 01/15/25 at 11:30 AM, DON [director of nursing] interview--reviewing record for reasoning behind diuretic change to PRN, the DON voiced recollection of the doctor making rounds on that Sunday, December 29, 2024, the physician changed the [Brand name diuretic] order from routine to PRN, due to weight fluctuations. DON verified there was not an indicator for nursing to assess for edema in the electronic medical record. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/15/25 at 1:16 PM, during a phone interview with Resident #7 ' s primary care physician [PCP] who stated he had been the residents PCP for 3 to 4 years. The PCP was asked about the change in the diuretic from routine to as needed. He remarked that the nursing staff had informed him of resident #7 ' s change in condition and lethargy, and the PCP was concerned that Resident #7 was becoming dehydrated due to the diuretic. PCP indicated Resident #7 had not been doing well and wanted to see if the change in the diuretic would make a difference. The PCP indicated that the diuretic was prescribed for Resident #7 due to a diagnosis of CHF [congestive heart failure]. The PCP expected nursing staff to assess resident for edema at least daily and stated, I should have written the order better. On 01/15/25 at 2:49 PM, LPN #1 was asked to assess Resident #7 ' s feet, after LPN #1 assessed Resident #7 ' s feet, LPN #1 reported that 1+ edema and wheezing lung sounds were assessed. LPN #1 was asked to confirm resident #7 ' s medication for edema. LPN #1 pulled up residents' information on the electronic medical record and indicated resident #7 ' s current order for [Brand name diuretic]40 mg 1 po [by mouth] q [every] 24 hours PRN [as needed]. LPN #1 was asked how often resident #7 should be assessed for edema and the response was daily. LPN #1 was asked to review the medication administration record from the electronic health record, LPN #1 confirmed resident #7 ' s PRN diuretic order. On 01/15/25 at 2:49 PM, LPN #2 was asked how often the assigned nurse should check for edema if they have an as needed diuretic; LPN #2 responded, they should check at least every shift. Resident #7 ' s January Medication Administration Record (MAR) was reviewed, and the as needed diuretic had not been documented as be administered for the entirety of January. On 1/16/2025 at 10:49 AM, an Administering Medications policy was received from the DON. The policy was reviewed and read in part that medications were to be administered in a safe and timely manner, and as prescribed; 4. Medications are administered in accordance with prescriber orders, including any required time frame; 5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: enhancing optimal therapeutic effect of the medication.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49981 Based on observation, interview, and facility document review, the facility failed to ensure that food was prepared in accordance with professional standards for food service safety by not keeping the grease trap clean of charred food particles and spillage. The findings are: On 01/13/2025 at 11:33am during an observation of the facility's kitchen, the Food Service Director (FSD) pulled out the grease traps on the stove. When the FSD pulled open the slide out tray, there was a piece of aluminum foil covering the top of the tray that contained an 18 inch by 9 inch area of black spillage and charred particles. On 01/13/2025 at 11:35am, the FSD stated grease traps were checked and cleaned once a week by one of the kitchen staff and the kitchen has a cleaning schedule. On 01/13/2025 at 11:50pm, the FSD stated the grease traps should be checked and changed more frequently than once per week. The FSD stated that leaving the charred particles and spillage in the grease trap posed a fire risk in the kitchen and could attract pests. On 01/15/2025, in-service training on the kitchen's cleaning schedule was provided by the FSD dated 10/10/2024 and 12/12/2024. A review of dietary Cleaning Schedules, for the last 3 months indicated staff were to clean the range hood and hood filters. Cleaning of the stove and/or grease trap was not indicated. A review of dietary Cleaning Schedules, for the last 3 months indicated all staff were responsible for cleaning the stovetop and/or grill. Cleaning of the grease trap was not indicated. A review of Cleaning Assignments which indicated the morning and evening cooks were responsible for cleaning the grease traps, which were last cleaned by staff in July 2024. No other documents provided by the facility indicated staff were to clean the grease traps after July 2024, indicating July was the last documented time the grease traps were cleaned. On 01/15/2025, a facility kitchen cleaning policy was requested and was not provided to the surveyor prior to exiting the facility

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 43262 Based on record review and interview, the facility failed to ensure a Facility-wide Assessment included pertinent information to determine what resources were allocated to care and to meet the needs of the residents competently during both day-to-day operations, and emergencies in 1 of 1 facility. This deficient practice had the potential to affect all residents of the facility. The total census was 83 residents. The findings are: A review of a facility document titled Facility Assessment Tool, indicated an update on 11/27/2024. The facility-wide assessment did not include the following: - The process of making admission or continuing care decisions for persons that have diagnoses, (dx) or conditions the facility are less familiar with, and have not previously supported. - Assessment of residents' ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspect of care identified. - Other pertinent facts or descriptions of the resident population that must be considered when determining staffing and resource needs such as, daily schedules, bathing, activities, naps, food, going to bed, etc. - Review of staff assignments for coordination and continuity of care. - A description of staff training/education and competencies necessary to provide the level of care for the facility's resident population. - A description of how the facility evaluates what policies and procedures may be required in the provision of care, and how to ensure the facility meets current professional standards of practice. - The plan to recruit and retain enough medical personnel who are adequately trained and knowledgeable in the care of residents, and/or management of expectations for medical personnel. - How the management and staff familiarize themselves with what they should expect from medical practitioners and other healthcare professionals, related to standards of care and competencies that are necessary to provide the level and types of support and care needed for the facility ' s resident population. - List of contracts and memoranda of understanding or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies. (continued on next page)

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- List heath information technology resources for managing resident records and sharing information with other organizations. - A description of how the facility would evaluate their infection prevention and control program, that included systems for preventing, identifying, reporting, investigating, and controlling infections. - A facility-based and community-based risk assessment, utilizing an all-hazards approach, focusing on capacities and capabilities critical to emergency preparedness. During an interview on 01/17/2025 at 9:17 AM, Administrator said I was not aware that all the bullet points of the facility assessment had to be completed. I will work on it and have it completed by the end of the day. The Administrator confirmed the facility assessment was not completed, and the facility would work on the facility assessment to complete it and make it more accurate.