

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Covington Court Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 Old Greenwood Rd Fort Smith, AR 72903	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>48808</p> <p>Based on observations, interviews, record review, and policy review, it was determined that the facility failed to ensure dignity while dining for Resident #1 of 13 sampled residents. This failed practice had the potential to affect all sampled residents who are dependent while dining to maintain dignity.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Resident/Rights dated 11/28/2016, under Respect and Dignity read in part . the resident has a right to be treated with respect and dignity including: the right to reside and receive services in the facility with reasonable accommodations of resident/guest preferences .</p> <p>Resident #1, diagnosis included Osteoarthritis, Pain, 2nd, and 3rd Spondylosis of Cervical Vertebra. The Resident is to always have on a cervical collar. The Minimum Data Set (MDS)- dated 01/25/2024, under section titled Cognitive Patterns listed a Brief Interview for Mental Status (BIMS) with a summary score of thirteen (13), which suggests a score of 13 to 15 the resident is cognitively intact.</p> <p>a. On 04/17/2024, at 8:35 AM to 9:35 AM the Surveyor observed Resident #1 lying in bed. The bedside table had dark substance under a bowl of oatmeal in liquid and a used spoon. The Resident had dried caked-like consistency of oatmeal on the Resident's blouse, hands, and upper chest below her neck brace. In response to the question, does the facility help you with your breakfast? Resident #1 responded No, not unless I ask them several times. My right hand is not good, because I have Arthritis. I spill it all over me. Breakfast is my meal of the day, lunch, and night meal, I am unable to eat, because it takes too much out of me. Hospice will come in and clean me up and give me a bath. In response to the question, Did they offer a clothing protector when the nursing staff brought in breakfast? Resident responded, No, not today.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. In an interview on 4/18/2024, at 10:15 AM with LPN #1, in response to the question, can Resident #1 let her needs be known? LPN #1 responded, She is capable of letting staff know her needs, bedbound because of severe pain, has Arthritis, wears a neck brace and we never move her neck because of the pain. The Surveyor asked, is the Resident dependent for trays being served, and being fed meals? LPN #1 stated, Yes, she requires total care including tray set-ups and being fed by the nursing staff. In response to the question the Surveyor asked, does the facility provide protective covering or bibs during meals? LPN #1 responded, yes.</p> <p>c. In an interview on 4/18/2024, at 10:23 AM with Certified Nursing Assistant (CNA) #1, in response to the question, can Resident #1 let her needs be known? CNA #1 stated, She calls on the call light, and cannot get up. We come and help her when she calls us. The Surveyor asked, does the facility provide protective covering or Bibs for meals? CNA stated, yes. The surveyor asked, is the Resident dependent for trays being served, and being fed meals? CNA #1 responded, Yes, we set up trays for her meals, but she can feed herself.</p> <p>d. During the interview on 10:55 AM with the DON, and the Administrator, the surveyor asked were you aware that Resident #1 had dried cake-like oatmeal on her blouse, hands, and upper chest below her neck brace, on 4/17/2024 for breakfast? The DON responded, I was not aware, been here one month and I am changing care for better outcomes.</p>		