STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045363	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covington Court Health and Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based on record review, observation and interview, the facility failed to ensure a Bilevel Positive Airway Pressure (BiPAP) mask [used to assist with breathing], and oxygen use was care planned for one (Resident #178) of two residents reviewed for oxygen. The findings include: Review of Resident #178's Active Orders with a start date of 03/01/2026, revealed Resident #178 had a Physician Order for BiPAP at bedtime and when napping. The physician order also indicated to administer oxygen at three to five liters per minute by nasal cannula, as needed for shortness of breath. Review of Resident #178's five-day Minimum Data Set (MDS) with an Assessment Reference Date of 03/03/2026, revealed that Resident #178 had a Brief interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. The MDS also indicated that Resident #178 was on intermittent oxygen therapy and used a BiPAP on admission and while a resident at the facility. Review of a Care Plan reviewed on 03/01/2026, revealed the facility admitted Resident #178 on 02/28/2026 with diagnoses which included chronic obstructive pulmonary disease (COPD) with acute lower respiratory infection, and acute bronchitis [inflammation of the bronchioles] due to other specified organisms. The Care Plan did not indicate that Resident #178 used oxygen, or a BiPAP mask. On 03/09/2026 at 1:18 PM, this surveyor observed a BiPAP mask on a table in Resident #178's room uncovered. Resident #178 indicated that the BiPAP mask was always left uncovered. Resident #178 was on oxygen set at three liters by nasal cannula. The resident indicated they had been on oxygen since admission. During an interview on 03/11/2026 at 5:13 PM, MDS Coordinator #2 indicated she was responsible for updating the Care Plans. MDS Coordinator #2 indicated the information to update the Care Plans was received from the MDS and daily meetings. MDS Coordinator #2 stated the nurse managers will call me if they have changes that need to be added to the Care Plan. MDS Coordinator #2 confirmed that Resident #178 does not have oxygen Care Planned. MDS Coordinator #2 confirmed that oxygen was ordered on 02/28/2026 for Resident #178. MDS Coordinator #2 indicated that Licensed Practical (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045363	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covington Court Health and Rehabilitation Center	4500 Old Greenwood Rd Fort Smith, AR 72903

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse (LPN) #3 in the medical records department documented the order for Resident #178's oxygen. During an interview on 03/11/2026 at 5:21 PM, LPN #3 indicated that she transcribed the order for Resident #178's oxygen on admission. She indicated that Resident #178 was admitted on [DATE]. LPN #3 indicated that she communicated what needed to be added to the Care Plan with MDS Coordinator #2 in the morning meeting that was held on 03/02/2026. During an interview on 03/12/2026 at 3:27 PM, the Administrator indicated that he did not have the documentation from the stand-up daily meeting on 03/02/2026.