

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045366	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Heritage Square Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 710 No Ruddle Road Blytheville, AR 72316	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>52085</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to document and complete a person-centered care plan to facilitate the ability to plan and provide necessary care and services for one (Resident #72) of one resident, whose comprehensive care plan was reviewed. Specifically, the facility failed to develop a comprehensive care plan that was correct for Resident #72 for restraints.</p> <p>The findings are:</p> <p>On 05/06/2025 at 12:40 PM, this surveyor observed Resident #72 in a wheelchair, with a seat belt restraint on.</p> <p>On 05/06/2025, a review of Medical Diagnosis indicated that Resident #72 had diagnoses, which included: rhabdomyolysis (breakdown of muscle tissue) and muscle spasms (involuntary contractions of muscles).</p> <p>On 05/07/2025, a review of a Nursing Restraint Evaluation completed on 04/04/2025, indicated that Resident #72 was admitted with a wheelchair that had a seat belt that the resident could unbuckle and buckle themselves. Resident #72 requested to use seat belt for safety, due to having muscle spasms, causing the resident to jump causing [pronoun] to fall out of the seat in the wheelchair.</p> <p>A review of Resident #72 's admission Minimum Data Set (MDS), completed on 03/26/2025, revealed Resident #72 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated cognition was intact.</p> <p>A review of Medication Admission Record (MAR) indicated that Resident #72 had an order for wheelchair with seatbelt per resident request when up related to muscle spasms. Check every shift for ability of resident to unbuckle self if needed that was done on 04/04/2025.</p> <p>A review of a Care Plan Report for Resident #72 did not reveal any reference to the seat belt being ordered and used as an intervention to prevent falls.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/06/2025 at 12:00 PM, Resident #72 indicated that they had a seatbelt in their wheelchair that held them in and kept them from falling out. Resident #72 indicated that the seatbelt was requested, due to having muscle spasms and jumping causing [pronoun] to fall out in the past. Resident #72 indicated they were able to move the upper half of their body, with no issues and had no issues buckling and unbuckling the seat belt.</p> <p>During an interview on 05/08/2025 at 9:38 AM, the MDS coordinator indicated that safety restraints or any type of restraints should be care planned accordingly, so staff could look in the system to know how to take care of a resident, such as checking on the restraints as needed. The MDS Coordinator also indicated, if care plans were not done correctly, the resident would not get the proper care.</p>