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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>045373 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY COMPLETED<br><br>01/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bradford House Nursing and Rehab, LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1202 S E 30th Street<br>Bentonville, AR 72712 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that each resident is free from medications that restrain them, unless needed for medical treatment.</p> <p>50924</p> <p>Based on interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to ensure a resident's antianxiety medication was not used to sedate or contain the resident's movements for staff convenience when exhibiting exit seeking/wandering behaviors for 1 (Resident #3) of 1 resident reviewed for chemical restraints.</p> <p>Findings include:</p> <p>On 01/03/2025 at 11:51 AM, the Administrator stated the facility did not have a policy for chemical restraints because they did not use them.</p> <p>A review of the facility in-service titled Resident Rights, Civil Rights, Dignity dated 12/20/2024 showed the staff was reeducated on Resident Rights including the right to be free from restraints.</p> <p>A review of the Admission Record, indicated the facility admitted Resident #3 with diagnoses that included dementia, malignant neoplasm of the frontal lobe (cancerous brain tumor which can cause personality changes and difficulty with concentration, communication, and controlling emotions), anxiety disorder, cognitive communication deficit, depression, muscle wasting, lack of coordination, and was unsteady on their feet.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/30/2024, revealed Resident #3 had a Brief Interview of Mental Status score of 14, which indicated the resident was cognitively intact. Resident #3 Mood Interview revealed symptoms of: A. Little interest or pleasure in doing things and B. Feeling down, depressed, or hopeless were present for several days (2-6 days of the 14-day look back period). Resident #3's Behavior symptom assessment was negative for hallucination, delusions, physical behaviors directed towards others, verbal behaviors directed towards others, other behaviors not directed towards others, rejection of care, or wandering.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of Resident #3's care plan with revisions, as of 01/03/2025 revealed the resident used psychotropic medication for anxiety and depression. Interventions included administering psychotropic medications as ordered and monitor for side effects, consulting a pharmacist for dose reduction when appropriate, review behaviors/interventions and alternative therapies attempted. The 11/16/2024 revised goal was for the resident to be free of psychotropic drug complications which included movement disorder, gait disturbances, and cognitive/behavioral impairment with a goal date of 01/30/2025. Resident #3 was care planed for cognitive deficits, interventions included personal preferences or word search books, watching the news, bird/nature watching activities, and provide for small group activities such as the Sunshine Club and Butterfly group. The Goal revised on 11/16/2024 was to provide Resident #3 with activity opportunities that meet the resident's interest and cognitive abilities with a goal date of 1/30/2025.</p> <p>A review of Resident #3's Closet Care Plan revealed, no instructions for redirection, distraction, personal preferences for activities, or other alternative therapies.</p> <p>A review of physician's orders revealed Resident #3 had an active order for scheduled (Name Brand) antianxiety medication 1 milligram (MG) to be given by mouth three times a day for convulsions and anxiety disorder. A second as needed order of (Name Brand) antianxiety medication 0.5MG could be given every four hours for dementia and anxiety.</p> <p>During an interview on 01/03/2025 at 10:15 AM Licensed Practical Nurse (LPN) #1 stated, Resident #3 had brain cancer and if the resident gets in their head they want to go home, the resident will push on the doors. As soon as Resident #3 wakes up we can tell what kind of a mood they are in. We attempt to talk with the resident, offer coffee, or find the resident's friend. Some days the talking doesn't work, so yes, we give the (Name Brand) antianxiety medication for exit seeking behaviors.</p> <p>A review of a progress note dated 10/06/2024 at 5:06 PM as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 after yelling fire, fire and trying to leave. No alternate therapies like redirection, distraction, or consoling were noted.</p> <p>A review of a progress note dated 10/09/2024 at 3:25 PM revealed, alert note wandering noted as needed (Name Brand) antianxiety medication given. No other interventions noted.</p> <p>A review of a progress note dated 10/20/2024 at 3:37 PM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when exit seeking at the front door. No other interventions noted.</p> <p>A review of a progress note dated 10/21/2024 at 4:00 PM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 for mild agitation, wandering, and entering other resident's rooms. No other interventions noted.</p> <p>A review of a progress note dated 10/28/2024 at 4:00 PM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when hospice nurse reported Resident #3 stated they wanted to go home and began moaning, which usually means behaviors start getting worse. No other interventions noted.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of a progress note dated 10/30/2024 at 9:31 AM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when continued stating wants to go home and this usually progresses quickly to agitation and aggression. No other interventions noted.</p> <p>A review of a progress note dated 11/16/2024 at 3:32 PM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when they were at the front door and stated, I want to go home. No other interventions noted.</p> <p>A review of a progress note dated 11/17/2024 at 2:33 PM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when they were at the front door looking for [pronoun] husband and wanting to push the door open. No other interventions noted.</p> <p>A review of a progress note dated 11/29/2024 at 1:50 PM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when the resident headed towards the exit door and stated they were going home. No other interventions noted.</p> <p>A review of a progress note dated 11/29/2024 at 2:38 PM tilted Behavior note stated, Resident #3 was assisted away from the front door by staff for closer monitoring, but when resident continued to state she wanted to go home Resident #3 was given (Name Brand) antianxiety medication 0.5MG and assisted to her recliner where they rested.</p> <p>A review of a progress note dated 11/30/2024 at 8:10 AM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when Resident #3 began trying to stand up, walk, and asking for spouse. No other interventions noted.</p> <p>A review of a progress note dated 12/01/2024 at 8:04 AM revealed, as needed (Name Brand) antianxiety medication 0.5MG was given to Resident #3 when resident began trying to stand and walk saying they were going to leave.</p> <p>A review of a progress note dated 12/01/2024 at 9:55 AM revealed, Resident #3's chair pad alarm was not functioning.</p> <p>A review of a progress note dated 12/01/2024 at 1:31 PM revealed, as needed dose of (Name Brand) antianxiety medication 0.5MG was given because Resident #3 was sitting in the wheelchair quietly.</p> <p>A review of a progress note dated 12/13/2024 at 2:03 PM revealed, as needed dose of (Name Brand) antianxiety medication 0.5MG was given because Resident #3 was trying to standup and walk, wandering into other resident's rooms. No other interventions noted.</p> <p>A review of a progress note dated 12/15/2024 at 9:00 AM revealed, as needed dose of (Name Brand) antianxiety medication 0.5MG was because Resident #3 was trying to standup and walk, wandering into other resident's rooms. No other interventions noted.</p> <p>A review of a progress note dated 12/22/2024 at 1:49 PM revealed, as needed dose of (Name Brand) antianxiety medication 0.5MG was given because Resident #3 was wanting to go home and wheeling close to exit doors. No other interventions noted.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 01/03/2024 at 10:26 AM, the Director of Nursing (DON) stated antianxiety behaviors should not be given for exit seeking behaviors. Non-medication interventions should be used like redirection which usually works when they are exit seeking. DON stated we try not to administer antipsychotic medication, and she expected staff to use 3 non-medication intervention prior to administering medication.</p> <p>During an interview on 01/03/2024 at 12:05 PM, Resident #3's family member stated the facility sometimes used redirection with Resident #3, but the facility usually gives the resident's (Name Brand) antianxiety medication and pain medication, and the resident usually goes to sleep. Resident #3's family member reported a steady decline in both cognitive and motor function for the resident over the last few months.</p> |  |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50924</p> <p>Based on interviews, record review, facility document review, facility policy review, it was determined that the facility failed to accurately assess the use of a chair/bed alarm restraint on Resident #3's Quarterly Minimum Data Set (MDS) dated [DATE] for 1 (Resident #3) of 5 residents reviewed for accuracy of assessments.</p> <p>Findings include:</p> <p>On 01/03/2025 at 11:51 AM, the Administrator stated the facility did not have a policy for MDS/Assessments, the facility followed the Resident Assessment Instrument (RAI) Manual.</p> <p>A review of the Admission Record, indicated the facility admitted Resident #3 with diagnoses that included dementia, malignant neoplasm of the frontal lobe (cancerous brain tumor which can cause personality changes and difficulty with concentration, communication, and controlling emotions), anxiety disorder, cognitive communication deficit, depression, muscle wasting, lack of coordination, and were unsteady on their feet.</p> <p>A review of Resident #3's care plan with revisions, as of 01/03/2025, revealed the resident had nine actual falls related to poor balance and an unsteady gait. On 09/03/2024 a chair/bed alarm restraint was added as a fall intervention. On 09/04/2024 the chair/bed alarm was added to Resident #3's care plan as a physical restraint. Interventions stated the chair/bed alarm was discussed with the resident and their family including risk and benefits, how the restraint would be used, and any concerns or issues regarding the restraint. The goal initiated 09/06/2024 and revised on 11/16/2024 stated the resident would be free of complications regarding the use of the restraint including altered mental status, isolation, and withdrawal.</p> <p>A review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/30/2024, revealed Resident #3 had a Brief Interview of Mental Status score of 14, which indicated the resident was cognitively intact. Resident #3 Mood Interview revealed symptoms of: A. Little interest or pleasure in doing things and B. Feeling down, depressed, or hopeless were present for several days (2-6 days of the 14-day look back period). Resident #3's Behavior symptom assessment was negative for hallucination, delusions, physical behaviors directed towards others, verbal behaviors directed towards others, other behaviors not directed towards others, rejection of care, or wandering. Resident #3's falls assessment revealed the resident had 2 or more falls since their admission resulting in no injuries. No restraints were identified, specifically the facility representative answer under restraints to bed alarm was not used and to chair alarm was not used.</p> <p>During an observation of Resident #3 on 01/03/2024 at 8:12 AM, Resident #3 was in the dining room eating breakfast. The resident was sitting in a wheelchair was a pad alarm restraint in the seat and the alarm operation control hanging on the handle of the wheelchair, the alarm had a flashing light indicating active.</p> <p>During an observation of Resident #3 on 01/03/2024 at 9:27 AM, Resident #3 was in bed asleep. The pad alarm restraint was under the resident, the alarm operation control was hanging on the bed's quarter rail and flashing active.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent observation and interview on 01/03/2025 at 11:10 AM, the Administrator was shown Resident #3's Quarterly MDS dated [DATE]. The Administrator stated he thought the alarm restraint was identified, but stated it was not. The Administrator asked to see who signed the completion of the MDS. The Administrator stated the MDS was signed by the Former Assistant Director of Nursing who was terminated partially related to issues like the MDS discrepancy.</p> <p>During exit conference on 01/03/2025 at 12:30 PM, the Administrator stated an updated MDS identifying the alarm restraint had already been submitted.</p> |