

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Bradford House Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1202 S E 30th Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
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. Number of residents sampled: Number of residents cited: Based on observation, interview and facility document review, the facility failed to ensure the food preparation equipment and environment were maintained to prevent contamination and potential development of foodborne pathogens. Specifically, the facility failed to properly clean and store the ice scoop for one of two ice machines reviewed. The findings include: During the tour of the kitchen on 07/06/2026 at 10:30 AM with the Dietary Manager (DM), the ice machine scoop holder which was attached to the ice machine was covered with a black residue and the ice scoop was observed to be currently resting on the black residue. This surveyor asked the DM to wipe the black residue off. The DM did so, the residue was easily wiped away. The surveyor asked the DM to describe what was observed inside the scoop holder and who used the ice from the machine. The DM stated the scoop holder was dirty, and the ice machine was used by the kitchen staff for ice in residents' drinks. The DM also stated that the ice machine and scoop holder were cleaned weekly. During an interview on 07/09/2026 at 10:11AM, the Director of Nursing (DON) stated, I expect the ice scoop and scoop holder to be cleaned as needed to prevent stomach upset and infections with the residents. During an interview on 07/09/2026 at 10:31AM, the Administrator, stated the ice scoop and ice holder need to be cleaned daily to prevent infections. Review of the Ice Machine Cleaning schedule for June indicated the ice machine had been cleaned once on week for the month of June. Review of the Ice Machine Policy dated (02/12/2019), revealed the purpose of the policy was to prevent the growth of bacteria and mold. Item #5 indicated the Ice Scoop will be washed and sanitized daily and stored in a holder or bag.		

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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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to maintain a medication error rate of less than 5% for two residents (Resident #3 and Resident #27) who received medications of 31 medication administration observations. The findings include: Resident #3 During a medication administration observation on 07/08/2026 7:50 AM, this survey observed LPN #14 administer one drop of an eye drop to each of Resident #3's eyes. During an interview on 07/08/2026 10:40 AM LPN # 14 confirmed that he had administered one eye drop per eye to Resident # 3, on 07/08/2026 7:50 AM. A review of June Medication Administration Record (MAR) on 7/8/2026 at 11 AM revealed Resident #3 had an order for eye drops, 2 drops both eyes 3 times daily for dry eyes and also showed that the medication administered 7:50 AM was charted as 2 drops administered both eyes by LPN #14. Resident #27 During an observation of medication pass 07/07/2026 at 5:32 PM, LPN #29 assessed Resident #27's blood pressure and pulse. She reported the blood pressure was within parameters of the medication order and reported the pulse was 58. LPN #29 administered the resident's medication to treat high blood pressure. Review of an admission Record, indicated on 04/02/2026 the facility admitted Resident #27 with diagnoses that included hypertension. Review of Resident #27's Order Summary Report, revealed an active order dated 05/05/2026 for a medication to treat high blood pressure to be given two times a day for high blood pressure, HOLD if systolic BP (blood pressure) 110 or less, Diastolic BP is under 60, or HR (heart rate) is under 60 BPM (beats per minute). Report to the nurse. Review of Resident #27's July Medication Administration Record (MAR) Treatment Administration Record (TAR) revealed that on 07/07/2026 at 5:00 PM the slot for Resident #27's pulse was documented to be 58 and the slot for the medication administration to treat high blood pressure was documented to indicate the medication was administered to Resident #27 by LPN #29. During an interview on 07/08/2026 at 1:38 PM LPN #29 report she should not have administered the medication to treat high blood pressure since the pulse was 58 and the parameter set in the order was to hold the medication if the pulse was less than 60. She reported she did not call to report to the provider because she had not seen the parameter for the pulse. She indicated she only saw the parameter for the blood pressure, which was within the ordered parameter. Review of a Mayo Clinic medication sheet indicated the medication ordered for Resident #27 to treat high blood pressure worked by causing the heart to beat slower. The medication sheet also indicated the medication may cause the resident to have a side effect of a slow heartbeat. During an interview 07/09/2026 at 9:11 AM, the Director of Nursing (DON) indicated if a vital sign such as a pulse was lower than the ordered parameter included in a medication order, then the medication should be held, and the provider should be contacted. She reported the expectation of a nurse concerning orders was that the nurse should follow the orders. During an interview on 07/09/2026 at 10:24 AM the Medical Director indicated if an order specified a medication to be held for a pulse less than 60 and the resident's pulse was 58, then the medication should have been held, and the provider should be notified that the medication was held. During a second interview on 07/09/2026 at 2:15 PM, the DON stated she had no concerns about orders not being followed before she found out on Tuesday that there were medication errors. The DON stated she did not feel like orders were ambiguous, and she felt that the orders were written clearly. A review of the facility policy Medication, General Administration of revised 11/22/2016, states in section 6 Should there be any doubt concerning the administering of medications, the physician's order must be verified before the medication is administered.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Number of residents sampled: Number of residents cited: Based on observations, interviews, record review and facility policy reviews, it was determined the facility failed to ensure infection control practices were followed during the medication administration of eye drops for one (Resident # 9) of one resident reviewed who was on contact isolation precautions. The findings include: Review of an admission Record, indicated on 12/13/2024 the facility admitted Resident #9 with diagnoses that included pressure ulcer of left buttock stage 3 and 4; osteomyelitis of vertebra (spinal bones), sacral and sacrococcygeal region; pressure ulcer of sacral region stage 3 and paraplegia (paralysis of both lower limbs). Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/16/2026, revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. Review of the Care Plan Report, initiated and revised on 02/19/2025, revealed Resident #9 had Carbapenem-Resistant Acinetobacter Baumannii (CRAB) infection (infection which is highly resistant to multiple classes of antibiotics) of wounds, with an intervention for the resident to be on contact isolation. Review of an Order Summary Report, revealed Resident #9 had an active Physician's Order dated 06/12/2026 for contact isolation precautions. During a concurrent observation and interview on 07/07/2026 at 6:25 PM, Licensed Practical Nurse (LPN) #29 and surveyor were at Resident #9's door, putting on Personal Protective Equipment (PPE) when the Minimum Data Set Coordinator (MDSC) was observed in the resident's room without PPE. The MDSC had a tissue in their hand near the resident's face. The MDSC was observed to drop the tissue into a trash can and continue outside of the resident's room without sanitizing their hands. Resident #9's door and wall beside the door display signage detailing Contact Isolation Precautions. As MDSC went out the door she indicated to LPN #29 that she just administered Resident #9's prescribed eye drops. During an interview on 07/07/2026 at 6:42 PM, the MDSC indicated Resident #9 was on Enhanced Barrier Precautions (EBP) but was not getting close to the resident's wounds or catheter, therefore would not have to put on PPE. The MDSC reported knowledge about the resident being on precautions because of the signage on the door. The MDSC looked into the resident's electronic health record to find the order for EBP and reported she was unable to find an order for EBP but was able to find an order for contact precautions. The MDSC reported it was important for staff to follow precautions for (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	contact isolation to prevent cross contamination with herself, Resident #9 and other residents. At Resident #9's room from the hallway, without prompting, MDSC read the contact precaution sign out loud, detailing the precautions for entering the resident's room. During an interview on 07/09/2026 at 1:03 PM, the Infection Preventionist (IP) indicated staff were aware of when a resident was on contact isolation by signage on the resident's door or signage outside of the resident's door. The IP reported there would also be PPE outside of the resident's room and the resident would have an order for contact precautions in the electronic health record. The IP indicated staff should have the proper PPE put on for contact precautions anytime staff was in that room. During an interview on 07/09/2026 at 9:11 AM, the Director of Nursing (DON) reported staff knew when a resident was on contact precautions by signage on the resident's door which explained the proper PPE to wear before entering that room. The DON indicated the expectation of staff going into the room of a resident on contact precautions was for the staff to wear PPE as directed and wash their hands before coming out of that room. Review of facility policy Handwashing/Hand Hygiene revealed This facility considers hand hygiene the primary means to prevent the spread of infections. Step one of the policy indicated all personnel should follow the handwashing/hand hygiene procedures to help prevent spreading infections to staff, residents and visitors. Step 5 documented hand hygiene is the final step after removing and disposing of personal protective equipment.		