STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045403	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nightingale at Glenwood	615 Mountain View Road Glenwood, AR 71943

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42965 Based on record review and interview, the facility failed to ensure an Annual Minimum Data (MDS) Assessment was coded correctly to document a resident had a serious mental illness and or intellectual disability or related condition requiring level II Preadmission Screening and Resident Review (PASARR) to ensure continuity of care for 1 (Resident #22) sampled resident with a diagnosis of serious mental illness. The findings are: 1.The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/8/2024 documented the resident had diagnoses of depression, anxiety, and bipolar disorder, and scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS). The Annual MDS also indicated on 1500 Preadmission Screening and Resident Review the following: .Is the resident currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or related condition? 0. No . a. The Care Plan with a revision date of 2/22/2023 indicated Resident #22 had a mood problem related to depression, and anxiety and staff should observe the resident for any signs or symptoms of depression, anxiety, or sadness and report to the medical doctor as needed. b. On 08/06/2024 at 10:50 AM, the Surveyor requested a copy of the Resident #22's complete PASARR (Preadmission Assessment Screening and Resident Review) packet from the Registered Nurse Consultant. c. On 08/06/2024 at 10:54 AM, review of the complete PASSAR packet dated April 8th, 2021, received from the Registered Nurse Consultant, contained a letter dated April 8, 2021, from [State Designated Professional Associates] indicated Resident #22 did not require specialized services for their mental illness beyond the capabilities of a nursing facility. d. On 08/06/2024 at 11:20 AM, during an interview the MDS Coordinator stated Resident #22 did require a PASARR Level 2 and that the Annual MDS assessment dated [DATE] had been coded incorrectly. e. On 08/07/2024 at 1:45 PM, the Administrator was asked if the facility had a policy on accuracy of MDS assessments. f. On 08/07/2024 at 1:58 PM, the Administrator stated the facility did not have a policy on accuracy of MDS assessments but followed the federal RAI (Resident Assessment Instrument) manual.

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48977 Based on observation, interview, and record reviews, the facility failed to ensure a transfer with a gait belt was done properly for 1 (Resident #8) sampled resident. This failed practice had the potential to cause injury to the resident. The findings are: A review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 07/17/2024 revealed Resident #8 scored 5 on the Brief Interview of Mental Status which indicated severe cognitive impairment. Resident #8 required supervision or touching assistance chair/bed-to-chair transfer. A review of Resident #8's Care Plan (date initiated 08/05/2024) revealed the resident required extensive assistance by staff to move between surfaces. On 08/05/24 at 11:10 AM, the Surveyor observed Certified Nursing Assistant (CNA) #1 and CNA #3 place a gait belt around Resident #8's waistline. CNA #1 placed her left forearm under the resident's left arm pit and grabbed the back of the resident's pants with the right hand. On 08/05/24 at 11:15 AM, Certified Nursing Assistant (CNA) #1 confirmed she did not grab the gait belt to transfer despite being trained to do so. CNA #1 confirmed that she placed her forearm under the resident's armpit and grabbed the resident's pants to transfer from one surface to another. On 08/08/24 at 9:27 AM, the Director of Nursing (DON) voiced that staff should place hands on the gait when transferring, and staff should not put lower forearm under the resident's armpit or grab pants. The DON confirmed if staff placed their forearm under the resident's armpit and/or grabbed the resident's pants it was not a proper transfer it and could hurt the resident.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Implement a program that monitors antibiotic use. 48977 Based on interviews, record reviews, and facility policy reviews, the facility failed to ensure their protocol for antibiotic stewardship to constitute the criteria for infection was utilized prior to the use of an antibiotic for 1 (Resident #2) sampled resident, as evidenced by not obtaining a urine specimen for a culture to determine the right medication for the resident. The findings include: A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 06/18/2024 revealed Resident #2 was severely impaired and unable to verbalize pain. Resident #2 could make facial expressions and non-verbal sounds to indicate pain, and Resident #2 complained or showed evidence of pain daily. A review of the Annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) 03/19/2024 indicated Resident #2 had a medical diagnosis of neurogenic bladder, non-Alzheimer's dementia, cognitive communication deficit, and person history of traumatic brain injury. A review of Physician's Order Summary Report indicated Resident #2 had an order for Levaquin 500 milligram for the treatment of Urinary Tract Infection (UTI) for the duration of seven days, initiated on 08/03/2024. A review of the Care Plan with a revision date of 08/05/2024,) indicated Resident #2 required Enhanced Barrier Precautions (EBP) due to colonization of extended-spectrum beta-lactamases in the urine and percutaneous endoscopic gastrostomy. Resident #2 exhibited pain related to contractures in upper and lower extremities. A review of the completed on 08/03/24 by Registered Nurse #4 indicated Resident #2 met the criteria for a Urinary Tract Infection (UTI) despite the resident not having a urine specimen with culture performed and not meeting the criteria according to the Criteria for Infection Surveillance Checklist. A review of the Medical Visit with an effective date of 08/06/2024 indicated Resident #2 had a follow up for Urinary Tract Infection (UTI) that noted staff reported on 8/3/2024 that Resident #2 had a foul odor to the urine and increased sediment with moaning out to suprapubic palpation and were unable to obtain urine analysis (UA) and Resident #2 was started on an antibiotic due to history of UTI's. No further problems reported. During an interview on 08/06/24 at 2:50 PM, Registered Nurse (RN) #2 stated Resident #2 was not able to verbalize or communicate that pain was present and the pain scale was used to determine if the resident was in pain which does not indicate were pain is located. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 08/07/24 at 10:20 AM, Registered Nurse (RN) #4 stated Resident #4 had foul smelling urine, was unhappy, the medications were not working to relive pain, and the Nurse Practitioner was notified. RN #4 voiced that pain was assessed, but no other assessment was completed. RN #4 voiced it was hard to see the resident's urine on the incontinence pads underneath the resident to see if it was cloudy or not, therefore, she was unable to see the resident's urine and she had forgotten to document. During an interview on 08/08/24 at 10:30 AM, the Infection Control Nurse stated the facility used the [named] Criteria for infection Surveillance Checklist to determine if an infection was present and will add symptoms if they are not listed. The Infection Control nurse voiced the facility did collect a urine sample to diagnose a UTI but if unable to obtain the sample the doctor will treat based on symptoms. The Infection Control nurse confirmed Resident #2 was non-verbal and was incontinent. During an interview on 08/08/24 at 9:27 AM, the Director of Nursing (DON) confirmed Resident #2 was in pain daily and moans throughout the day. A review of a policy titled, Antibiotic Stewardship, indicated under Responsibilities, .1. Facility shall support and promote antibiotic use protocols which include: a. Assessment of residents for infection using standardized tools and criteria. b. Therapeutic decisions regarding antibiotic prescriptions based on evidence that is appropriate for the care of Residents .