STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Maples at Har-Ber Meadows	6456 Lynchs Prairie Cove Springdale, AR 72762

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.

39316

Based on record review and interview, the facility failed to ensure the resident's responsible part/legal representative was notified when a resident refused treatment to provide the necessary information to guide treatment and decrease the potential for related complications for 1 (Resident #110) of 1 sample mix residents. The findings are:

Review of a facility policy titled, Change in a Resident's Condition or Status, dated February 2021, indicated our facility promptly notifies the resident, his or her primary care provider, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). The nurse will notify the resident's primary care provider or physician on call when there has been a (an): significant change in the resident's physical/emotional/mental condition; need to alter the resident's medical treatment significantly; refusal of treatment or medications two (2) or more consecutive times. A significant change of condition is a major decline or improvement in the resident's status that impacts more than one area of the resident's health status. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.

A review of an Admission Record indicated the facility admitted Resident #110 with diagnoses that included fracture of left femur, dysphagia, difficulty in walking, hemiplegia and hemiparesis.

The admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/29/2024 revealed Resident #110 had a Brief Interview for Mental Status (BIMS) of 8, which indicated the resident had moderate cognitive impairment. The resident required set up/clean up help for eating, supervision for toileting, and was occasionally incontinent of bowel and bladder; and had no pressure ulcers upon admission.

A review of Resident #110's Physician Orders, for the month of April 2024, revealed an order, dated 04/24/2024, for physical therapy, 5-7 times per week for 8 weeks for left hip fracture, to address and improve functional mobility; an order dated 04/24/2024, for occupational therapy, 5-7 times a week for 8 weeks for therapeutic exercises and self-care training; an order dated 04/24/2024, for speech therapy, 5-7 times per week for 6 weeks for cognitive communication, and dysphagia; and an order, dated 04/24/2024, triad to bilateral buttocks and intergluteal cleft every shift for skin integrity.

(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

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #110's Care Plan, revised on 05/10/2024, revealed the resident had the potential for pressure ulcer development related to impaired mobility. Interventions included, follow facility policies/protocols for the prevention/treatment of skin breakdown; inform the resident/family/caregivers of any new area of skin breakdown (initiated 05/08/2024.) A review of Resident #110's, Progress Notes New, dated 01/01/2024 - 07/16/2024, revealed no family notification for, triad to bilateral buttocks and intergluteal cleft every shift for skin integrity. There was no family notification for Review of Resident #110's Nursing Admit/Readmit Assessment and Care Plan, dated 04/23/2024, revealed Resident #110 admitted with red blanchable area to bilateral buttocks .redness noted to intergluteal cleft with no open area noted. A telephone interview with Resident #110 responsible party on 07/15/2024 at 9:43 a.m. revealed Resident #110 admitted to the facility for therapy after surgery, should have been walking, but the facility did not Tell me he wasn't doing physical therapy, but they did call on the second week. Review of Resident #110's Occupational Therapy Treatment Encounter Note(s), dated 04/24/2024 through 05/06/2024, revealed Resident #110 refused occupational therapy on 05/02/2024. There was no family notification of Resident #110's refusal of therapy documented. Review of Resident #110's Physical Therapy Treatment Encounter Note(s), dated 04/24/2024 through 05/06/2024, revealed Resident #110 refused physical therapy on 05/01/2024 and again on 05/02/2024. There was no family notification of Resident #110's refusal of therapy documented. Review of Resident #110's Speech Therapy Treatment Encounter Note(s), dated 04/24/2024 through 05/06/2024, revealed Resident #110 refused speech therapy on 04/30/2024, 05/02/2024, 05/03/2024, and again on 05/06/2024. There was no family notification of Resident #110's refusal of speech therapy. On 07/18/2024 at 9:19 AM, Certified Occupational Therapy Aid (COTA), revealed during an interview that Resident #110 was taking physical, speech, and occupational therapy, due to a decline in (activities of daily living) ADLs ambulation, and weakness. The COTA revealed if a resident refuses therapy, they encourage the resident, as they can't make the resident do therapy, and we educate them. The COTA revealed that therapy does not notify the responsible party or Power of Attorney on a daily basis regarding refusals, they notify the nurse/APN/social worker, and the family is usually notified during the care plan meeting. The COTA revealed they did not call and notify the families and there was no documentation for Resident #110 therapy refusals. On 07/18/2024 at 9:40 AM, Licensed Practical Nurse (LPN) # 5 revealed during an interview that she had not been notified of the resident's refusal of meals, therapy, or showers, and that family/responsible party should be notified of any change in condition, new orders, refusing care or refusing ADL's and the nurse caring for the resident should document the notification. On 07/18/2024 at 9:55 AM, Social Services (SS) revealed during an interview that she had not been notified of Resident #110 refusals for showers, meals, and therapy, and she had not notified the family related to therapy, meals, or shower refusals. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/18/2024 at 10:06 AM, LPN # 8 revealed during an interview she was aware of resident's refusals, and that the family, DON, Advanced Practical Nurse (APN), and the physician should be notified of all changes in condition. LPN #8 was asked if she notified the power of attorney (POA) / family of the new order for triad dated 4/24/2024, in which LPN #8 replied, If it's not documented, then it wasn't done, so no. On 07/18/2024 at 10:35 AM, during interview the Director of Nursing (DON) revealed the doctor, APN, and family should be notified of any changes of condition as soon as they are happening and that it was the floor nurse's responsibility.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 42016 Based on document review and interview, the facility failed to ensure a Registered Nurse (RN) worked at least 8 consecutive hours a day. The deficient practice had the potential to affect all residents. Findings include: A review of the Punch Date and Time, for 01/20/2024 revealed the RN punched in at 12:00 AM, out at 03:15 AM, total hours 3.25, punched in at 03:45 AM, out at 7:36 AM, total hours 3.85, punches totaling 7.10 hours. A second RN punched in at 11:34 AM, out at 5:27 PM, total hours 5.88 hours, punched in 5:57 PM, out at 7:57 PM total hours 2.00, punches totaling 7.88 hours. The RN punch in / punch out hours did not overlap. On 02/04/2024, an RN punched in for 7.63 total hours. On 02/11/2024, the RN punched in at 12:00 AM, punched out at 12:58 AM, total hours 0.97, punched in at 1:28 AM and out at 7:17 AM, total hours 5.82, punches totaling 6.79 hours. A second RN punched in at 10:03 AM, punched out at 12:44 PM, total hours 2.68, punched in 1:17 PM, punched out at 6:30 PM, total hours 5.22, total time punched 7.90 hours. The RN punch in /punch out hours did not overlap. On 2/17/2024, the RN punched in at 9:00 AM, out at 12:25 PM, total hours 3.42, punched in 12:57 PM, punched out 5:26 PM, total hours 4.48, punches totaling 7.90 hours. During an interview on 07/18/2024 at 8:31 AM, the Administrator stated that on 01/20/2024 the RN hours were reported as 7.88, on 01/27/2024 as 7.97 hours, on 02/04/2024 as 7.63 hours, 02/11/2024 as 7.9 hours, and on 02/17/2024 as 7.9 hours. The RN did not stay the full 8 hours those days, They clocked out a little early. During an interview on 07/18/2024 at 10:19 AM, the Administrator stated the facility has an RN every day, Pretty consistently and we just missed those and usually the RN would notify someone if not able to complete the shift. During an interview on 07/18/2024 at 10:04 AM, the Director of Nursing (DON) stated an RN is always on site and on 01/20/2024, 01/27/2024, 02/04/2024, 02/11/2024, and 02/17/2024 there was not an RN, and the DON was not notified. Floor staff would continue resident care as they are trained per their job title if an RN is not available to work. The DON stated notification should be made when there is no coverage. RNs are made aware of the 8-hour requirement when hired into the RN coverage pool and during orientation.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. 42016 Based on observations, document review, and interviews, the facility failed to post the nurse staffing information on a daily basis, to include the facility name, the current date, the number and actual hours worked by staff, and the resident census. The deficient practice had the potential to affect all residents. Findings include: A review on 07/15/2024 at 6:05 AM of the Direct Care Daily Staffing posted next to the time clock in the front lobby, indicated a date of 07/12/2024, listed staffing numbers and total scheduled hours for Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA). The Direct Care Staffing document did not indicate the facility name, current census, or actual hours worked. There was no posting for 07/13/2024 or 07/14/2024. On 07/18/2024 at 10:45 AM, an observation of the posted Direct Care Daily Staffing documents dated 07/16/2024 and 07/17/2024 contained no facility name, actual hours worked or census. During a concurrent interview and observation with the Director of Nursing (DON) on 07/18/2024 at 1:13 PM, the posted documents did not contain the facility name, census, actual hours worked, or current daily staffing. The dates listed on the Direct Care Daily Staffing postings were 07/16/2024 and 07/17/2024. The DON stated the staffing and assignment sheets are posted daily by the on-call nurse. The weekend on-call would post staffing and assignment sheets from Friday to Monday. Licensed Practical Nurse (LPN) # 4 should have posted staffing and assignments for today and should contain the name of the facility, date, census, and staffing numbers. During an interview on 07/18/2024 at 1:17 PM, LPN # 4 stated sheets were posted last night, and number of staff and hours are filled in and the DON fills in the facility name and census. LPN # 4 did not do weekend staff posting.