

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Prairie Grove Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 South Mock Street Prairie Grove, AR 72753	

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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37878</p> <p>Based on interview and record review, the facility failed to provide a written notice of a facility-initiated discharge for 1 (Resident #111) of 2 sampled residents reviewed for discharge.</p> <p>The findings are:</p> <p>Review of Resident #111's Admission Record revealed the resident was admitted to the facility on [DATE] with diagnoses of traumatic brain bleed and dementia with psychotic disturbance. According to the Admission Minimum Data Set with an Assessment Reference Date of 01/08/2024, the resident scored 8 on a Brief Interview for Mental Status indicating moderate cognitive impairment.</p> <p>Review of the Final Discharge Summary dated 02/29/2024, revealed Resident #111 was transferred to an inpatient psychiatric facility for treatment and from that facility was discharged home.</p> <p>During an interview on 06/20/2024 at 11:55 PM, the Administrator reported the facility was unable to keep Resident #111 safe due to continued suicidal ideations and repeated attempts of self-harm even after inpatient psychiatric stay. The Administrator stated the resident representative was informed verbally that the facility could not keep the resident safe and would not be able to readmit to the facility. The Administrator confirmed the facility provided a written transfer to the hospital notification to the resident representative but failed to notify the resident representative in writing of facility-initiated discharge due to not being able to meet the resident's safety needs.</p> <p>On 06/20/2024 at 1:57 PM, the Administrator provided a policy titled, Discharge/Transfer Letter. Upon review, the policy contained a statement and instructions for items to be included in the written notice of transfer or discharge, the reason for transfer or discharge, the effective date of transfer or discharge, and the location to which the resident is transferred or discharged .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Prairie Grove Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 South Mock Street Prairie Grove, AR 72753	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50924</p> <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observations, interviews, record review, and facility document review, the facility failed to ensure the call light system was functioning for 1 (Resident # 39) of 1 sampled resident reviewed for call light function.</p> <p>Findings include:</p> <p>During a concurrent observation and interview on 06/18/2024 at 8:32 AM, Resident #39 was asked about his room for function, comfort, and available supplies. Resident #39 stated his only complaint was his call light was broken. Resident stated it quit functioning last week and he told the girl at the time. When asked who he told, Resident #39 stated he couldn't remember her name, but it was one of the Certified Nursing Assistants (CNAs). This Surveyor asked the resident to press the call light. When the button was pushed, the light on the wall behind the Resident lit up. The light in the hallway above Resident #39's room did not light up from either direction in the hall. This Surveyor waited 2 minutes then walked to the nurse's station. Transporter #1 confirmed Resident #39's call light was not going off at the central call light screen.</p> <p>During an interview on 06/18/2024 at 9:20 AM, this Surveyor spoke with Maintenance Personnel #2 about procedures for work orders. Maintenance Personnel #2 handed me a binder and explained staff write any issues with the date and time in the binder and maintenance checks it each day and follows up. Maintenance Personnel #2 confirmed no issue with Resident #39's call light was documented in the binder prior to 06/18/2024 after it was identified by the Surveyor.</p> <p>During an interview on 06/20/2024 at 8:28 AM, CNA #4 verbalized the procedure for reporting maintenance issues; report it to the maintenance personnel and write it in the maintenance logbook that is kept in the slot on the outside of the maintenance door.</p> <p>During an interview 06/20/2024 at 11:40 AM, the Administrator was asked for the policy and procedures for call lights. The Administrator stated there was not a policy in place, but facility procedure was to do a monthly check on each resident's call light. The Administrator reported no recent operational issues with the call light system, and stated in the event there was a downtime of an individual call light or the system itself they have squeaky toys and bells in the disaster room. The Administrator also stated if a resident's call light was not functioning it should be written on the maintenance log for repair and in the event it occurs on the weekend, the staff should call and notify her or maintenance personnel. The Administrator confirmed no issue with Resident #39's call light was documented in the maintenance log prior to 06/18/2024.</p>		