

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/01/2024
NAME OF PROVIDER OR SUPPLIER  Ashley Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 N 22nd Street Rogers, AR 72756	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37925</p> <p>Based on observations, interview, and record review, the facility failed to ensure baths/showers were provided to residents on their scheduled days to promote good personal hygiene and grooming for 1 (Resident #29) sampled resident reviewed for personal hygiene and grooming. The findings are:</p> <p>On 10/28/2024 at 3:42 PM, Resident #29 was interviewed and stated the resident believed the daytime [shift] was understaffed because residents do not receive showers as they should. Resident #29 stated the resident's scheduled bath/shower days were Tuesday, Thursday, and Saturday. Resident #29 stated the resident did not receive a shower on Saturday, 10/26/24, due to the facility on ly had one Certified Nursing Assistant (CNA) working the hall the resident resided. The resident alleged the facility only two CNAs working in the building some nights.</p> <p>A review of Resident #29's medical diagnoses indicated a lung condition which caused difficulty breathing (chronic obstructive pulmonary disease) and a condition which caused the muscles on one side of the body to be contracted (spastic hemiplegia affecting right dominant side).</p> <p>An annual Minimum Data Set with an Assessment Reference Date of 09/07/2024, was reviewed and indicated Resident #29 had a Brief Interview for Mental Status score of 15, which indicated cognitively intact and required substantial/maximal assistance with shower/bath activity.</p> <p>A care plan, revised 09/29/2024, was reviewed and indicated Resident #29 had a deficit in performing activities of daily living (ADLs) and required extensive assistance of one person with bathing/showering as necessary.</p> <p>The grievance logs, provided by the Administrator on 10/28/2024, were reviewed and indicated multiple grievances were filed in August 2024, September 2024 and October 2024 concerning residents not receiving baths/showers on their scheduled days.</p> <p>Resident #29's ADL task, offer bathing every Tuesday, Thursday, Saturday days and as needed, was reviewed and the following was indicated: the resident was totally dependent for this task on 10/05/2024, 10/08/2024, 10/12/2024, 10/24/2024 and was not applicable on 10/26/2024.</p> <p>The Shift Staffing Schedule for the 7:00 AM to 3:00 PM shift on 10/26/2024 was reviewed and indicated halls 100, 200 and 300 had one CNA scheduled for each hall. Hall 300 had one CNA in orientation, totaling 2 CNAs. At 11:00AM, two CNAs were scheduled to come in, one for hall 100 and one for hall 200.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/31/2024 at 12:10 PM, the Director of Nursing (DON) provided Bath/Shower Sheet documents for the following dates: 9/3/24 indicated a bed bath, 9/12/24 indicated a shower, 10/15/24 indicated shower and 10/24/24 indicated a shower. She stated those were all the bath sheets she could find.</p> <p>On 11/01/2024 at 6:55 PM, the DON was interviewed and stated CNAs were responsible for providing resident showers. She stated Human Resources had been helping to ensure bath/showers were done. She stated there were grievances filed regarding the residents not receiving their baths/showers and would have to look at the grievances before stating how the facility addressed the issue. She stated the nursing staff had been in-service/educated on bathing/showering the residents and Social had done the in-services on this task</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>37925</p> <p>Based on interview and record review, the facility failed to ensure there was sufficient nursing staff to meet the residents' needs for 7 shifts reviewed from 09/01/2024 through 09/30/2024.</p> <p>On 10/28/2024 at 3:42 PM, Resident #29 was interviewed and stated the resident believed the daytime [shift] was understaffed because residents do not receive showers as they should. Resident #29 stated the resident's scheduled bath/shower days were Tuesday, Thursday, and Saturday. Resident #29 stated the resident did not receive a shower on Saturday, 10/26/24, due to the facility only had one Certified Nursing Assistant (CNA) working the hall the resident resided. The resident alleged the facility has two CNAs working in the building some nights.</p> <p>The grievance logs, provided by the Administrator on 10/28/2024, were reviewed and indicated multiple grievances were filed in August 2024, September 2024 and October 2024 concerning residents not receiving baths/showers on their scheduled days.</p> <p>The nursing staffs' schedules and timecards, provided by the Administrator, were reviewed and indicated the following:</p> <p>-09/01/2024 shift staffing schedule indicated CNA #10 and CNA #11 were scheduled to work the night shift, 11:00 PM to 7:00 AM (11p/7a). Registered Nurse (RN) #12 and RN #13's employee time sheets were reviewed and indicated both staff worked the night shift, totaling 4 staff members.</p> <p>-09/02/2024 shift staffing schedule indicated CNA #10 and CNA #11 were scheduled for the 11PM to 7AM shift. RN #13 and Licensed Practical Nurse (LPN) #15 employee time sheets indicated both staff worked the night shift, totaling 4 staff members.</p> <p>-09/04/2024 employee time sheets for CNA #10, RN #13 and LPN #15 indicated all 3 staff members worked 11p/7a. CNA #5 and CNA #11 employee time sheets indicated both staff worked 11p to 3:00 AM, leaving 1 CNA and 2 nurses after 3 AM for the rest of the shift.</p> <p>-09/11/2024 shift staffing schedule indicated CNA #10 was scheduled to work. Employee time sheets indicated LPN #15 and RN #13 both worked 11p/7a, totaling 3 staff members.</p> <p>-09/15/2024 there were no CNAs in the facility for the 11p/7a shift. RN #12, RN #13, LPN #19 and LPN #21 employee time sheets indicated all four staff members worked 11p/7a shift. CNA #10 was removed from the CNA schedule on 09/15/2024 through 10/12/2024 for the 11p/7a shift.</p> <p>-09/16/2024 employee time sheets indicated LPN #15, LPN #21 and RN #13 worked the 11p/7a shift, totaling 3 staff members. LPN #8's time sheet indicated she worked 11p to 2:00 AM (2 hours).</p> <p>-09/17/2024 employee time sheets indicated RN #13 and LPN #15 worked the 11p/7a shift, totaling 2 staff members. There was no shift staffing schedule sheet provided. The CNA schedule for 09/17/2024 did not list any CNAs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/30/2024 at 11:50 AM, CNA #4 was interviewed by another surveyor and stated often there is one aide on the hall with a float to help with the lift transfers and does not feel there is enough time to get work done. She stated she is unable to complete the scheduled showers on the halls when she works alone. She stated if the resident had a shower the previous shower day, she does not give that resident a shower.</p> <p>On 10/31/2024 at 3:30 PM, LPN #8 was interviewed by another surveyor and stated often there are only 2 nurses scheduled to work a shift. She stated there is not enough time for her to complete her work when there are only 2 nurses scheduled.</p> <p>The Facility Assessment, provided by the Administrator on 10/28/2024 and dated 08/08/2024, was reviewed and did not indicate what the facility's contingency plan was for staff.</p> <p>On 11/01/2024 at 7:21 PM, the Administrator was interviewed and stated the facility was trying to hire more CNAs, but he did not indicate what was being done to retain them.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure food items were prepared and served according to planned written menu for 1 of 2 meals observed. The findings are:</p> <ol style="list-style-type: none"> <li>1. On 10/28/2024, the menu for noon meal indicated residents Minced Moist Soft diets were to receive 2#8 scoops (1cup) of chicken spaghetti, 1/2 cup of mash soft vegetables and residents on pureed diets were to receive 2#8 scoops (1 Cup) of pureed chicken spaghetti</li> <li>2. On 10/28/24 at 12:34 PM, the following observations were made during the noon meal service.               <ol style="list-style-type: none"> <li>a. The DC #1 used a 6-ounce ladle (3/4 cup) to serve chicken spaghetti to the residents on Minced Moist soft diets, instead 2 #8 scoops which is equivalent to 1 cup.</li> <li>b. Residents on Minced Moist Soft diets were served pureed vegetable blend, instead of soft mash vegetables.</li> <li>c. The DC #1 used a #6 scoop (2/3 cup) to serve pureed chicken spaghetti to the residents on pureed diets, instead of 2#8 scoops which is equivalent to 1 cup.</li> </ol> </li> </ol>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>37925</p> <p>Based on interview and record review, the facility failed to ensure required annual in-service trainings were performed to ensure staff received the required information/education needed to care for residents. The findings are:</p> <p>On 11/01/2024, the Administrator was asked to provide the in-services for the past 12 months conducted in the facility. The Administrator provided a binder which included in-services for the year of 2023 and 2024. In-services from 09/30/2023 to 10/27/2024 were reviewed and there were no in-services completed for dementia care. The Administrator provided a statement which was reviewed and indicated he was only able to provide an in-service completed on resident rights.</p> <p>On 11/01/2024 at 6:55 PM, the Director of Nursing was interviewed, and she stated the Administrator was responsible for conducting the mandatory in-services for staff and was unaware why some had not been completed. She stated she had been working on completing the in-services since she had been there.</p>