

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Harris Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 287 South Country Club Road Osceola, AR 72370	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 46868</p> <p>Based on interview and record review, the facility failed to ensure the Ombudsman was notified when residents were transferred to the hospital. This had the potential to affect 57 residents. The findings are:</p> <ol style="list-style-type: none"> 1. Resident #1 was admitted to the facility on [DATE], transferred to the hospital on 02/21/2024, then returned to the facility on [DATE]. Resident # 1 was transferred out again on 09/10/2024 and returned on 09/12/2024. 2. On 04/16/2024 at 11:40 AM, the Surveyor was unable to locate documentation indicating the Ombudsman had been notified of the resident ' s transfers to the hospital. 3. On 04/16/2024 at 11:39 AM, the Administrator was asked to provide documentation indicating the Ombudsman had been notified of transfers to the hospital. 4. On 04/17/2024 at 01:40 PM, the Administrator and Business Office Consultant stated that the Ombudsman had not been notified of the transfers. 4. On 04/18/2024 at 08:57 AM, the Administrator stated, We have no policy on transfers because it's a state not a federal.

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38200</p> <p>Based on record review and interview, the facility failed to ensure residents individualize plan of care was revised to reflect the current needs of the resident and updated to include contractures for 01 (Resident #45) sample mix resident of 01 sample mix resident. The findings are:</p> <p>Facility policy titled, 'Comprehensive Assessments' Revised October 2023 documented, Comprehensive MDS assessments are conducted to assist in developing person-centered care plans. Policy interpretation and Implementation 1. The facility conducts comprehensive, accurate, standardized, reproducible assessments of each resident's functional capacity using the Resident Assessment Instrument specified by CMS . 8. A significant change is a major decline or improvement in a resident's status that: a. will not normally resolve itself without intervention by staff or by implementing standard disease- related clinical interventions. The decline is not considered self-limiting . c. requires interdisciplinary review and/ or revision of the care plan .</p> <p>A review of Resident #45's care plan dated 03/30/2023 did not document a contracture, it documented, . limited physical mobility (weakness) r/t hemiplegia affecting left side. [Resident #45] has weakness to left hand, 4th and 5th digit .</p> <p>A review of Resident #45's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) documented a score of 10 (indicates moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS) and that the resident has an upper extremity impairment on one side.</p> <p>On 04/15/24 at 11:40 AM, the Surveyor observed Resident #45 lying in bed at a 30-degree angle on his back with his eyes closed. Resident's left hand appears to be contracted with no device present.</p> <p>04/16/24 09:33 AM, the Surveyor observed Resident #45's left hand that appears to be contracted with no device. Resident confirmed staff do not put a device in his hand.</p> <p>04/16/24 03:01 PM, the Surveyor interviewed Certified Nurse Aide (CNA) #08 and asked, Is the residents left hand contracted? She stated, Yes, at the pinky and ring fingers. When asked, Does the resident have a device present in the left hand? She stated, no. When asked, Should a device be in resident #45's hand? She stated, yes, the ball thing. When asked, Why should a device be in resident #45's hand? She stated, To exercise it.</p> <p>04/16/24 03:18 PM, the Surveyor interviewed the Director of Nursing (DON) and asked, Is the residents left hand contracted? She stated, Yes, it's contracted. When asked, Does the resident have a device present in the left hand? She stated, [Resident #45] should. When asked, Why should a device be in resident #45's hand? She stated, To prevent further contracture or injury.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/18/24 at 08:43 AM, the Surveyor interviewed Minimum Data Set (MDS) Coordinator at the Resident's bedside and asked, If a resident developed a contracture while in the facility should it be documented on their care plan as weakness? She stated, Yes, I care planned weakness when admitted because it wasn't truly a contracture, but it is now. Restorative will start working with resident #45 to exercise it I set it up yesterday. When asked, Why should a contracture be on the care plan? She stated, For resident #45 to keep from having further contracture of the joint.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>38200</p> <p>Based on observation, interview, and record review, the facility failed to ensure that resident ' s fingernails were kept clean for 1 (Residents #45) of 1 sample mix residents; and ensured residents were shaved to promote good personal hygiene for 1 (Resident #24) of 2 sample mix resident; ensure residents have oral care provided for 1 (Resident #45) of 2 sample mix residents.</p> <p>The findings are:</p> <p>1. Resident #45's care plan dated 03/30/2023 documented, .ADL self-care performance deficit r/t (related to) resident has left sided hemiplegia r/t (related to) hx (history) of stroke .Personal hygiene/oral care: The resident requires dependent assist x 1 for personal hygiene/oral care .Bathing/ showering: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>a. A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/2024 documented a score of 10 (indicating moderately cognitively impaired) on the Brief Interview for Mental Status (BIMS), and that Resident #45 is dependent for oral care and is substantial/ maximal assist for personal hygiene.</p> <p>b. On 04/15/2024 at 11:40 AM, the Surveyor observed Resident #45 lying in bed. The Resident ' s fingernails appear long and untrimmed.</p> <p>c. On 04/16/2024 at 09:31 AM, Resident #45 fingernails appeared long, jagged, and untrimmed. Resident #45 stated, I wished they'd trim them.</p> <p>d. On 04/16/2024 at 09:25 AM, the Surveyor observed Resident #45 lying in bed. The Resident ' s lips had dry skin on them.</p> <p>e. On 04/16/2024 at 01:37 PM, the Surveyor observed Resident #45 with dry skin on their lips.</p> <p>f. On 04/16/2024 at 03:01 PM, the Surveyor asked Certified Nurse Aide (CNA) #08, Can you describe Resident #45's lips for me? She stated, Needs some lip chap because of the dry skin. When asked, Should the resident have had oral care provided? She stated, Yes ma'am, should every day.</p> <p>g. On 04/16/2024 at 03:18 PM, the Surveyor interviewed the Director of Nursing (DON) at Resident #45's bedside and asked, Can you describe Resident #45's lips for me? She stated, A little dry and chapped. When asked, Should the resident have had oral care provided? She stated, Yes, it should be provided every day and as needed.</p> <p>2. Resident #24 ' s care plan dated 07/14/2021 documented, .ADL self-care performance deficit r/t Parkinson's Disease, and has unsteady gait/balance at times. Bathing/ Showering: The resident requires physical assist x 1-2 staff for bathing/showering 3x/week and as necessary .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. A Quarterly MDS with an ARD of 01/12/2024 documented a score of 06 (0-7 indicates severely cognitively impaired) on the BIMS and documented the resident is substantial/ maximal assist for personal hygiene.</p> <p>b. On 04/15/2024 at 01:48 PM, the Surveyor observed Resident #24 in the day room sitting in wheelchair. Resident #24 appears to need to be shaved.</p> <p>c. On 04/16/2024 at 01:56 PM, Resident #24 appeared to not have been shaved due to the hair on the face.</p> <p>d. On 04/16/2024 at 01:56 PM, the Surveyor interviewed CNA #1 at the Resident ' s bedside and asked, does the resident appear to have a clean shave? She stated, No, there is hair on Resident #24's face. The Surveyor asked, should the resident be kept with a clean shave? CNA #1 stated, Yes. The Surveyor asked, How often should the Resident be shaved? CNA #1 said, supposed to be on shower day, but it looks like Resident #24 wasn't shaved on the last shower day. When asked, can you tell me why the Resident should be kept with a clean shave? She stated, I'd say for [his/her] hygiene.</p> <p>e. On 04/16/2024 at 02:00 PM, Licensed Practical Nurse (LPN) #02 was asked, Does the resident appear to be clean shaven? He stated, [He/she] needs shaved. When asked, Should the resident be kept clean shaved? He stated, Yes. When asked, How often should the resident be shaved? He stated, I know Resident #24 gets shaved on Wednesday's, but I'm not sure how often during the week. When asked, Can you tell me why the resident should be kept clean shaven? He stated, To maintain a neatly groomed image.</p> <p>f. On 04/18/2024 at 10:03 AM, the DON provided Resident #45 and Resident #24 ' s task documentation for bathing, and oral care and stated, That all should've been completed during the shower I'm not sure why it wasn't.</p> <p>g. A facility policy titled, 'Fingernails/ Toenails, Care of' Revised February 2018 documented, The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infection . General Guidelines: 1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in prevention of skin problems around the nail bed . 4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.</p> <p>h. A facility policy titled, 'Shaving the Resident' Revised February 2018 documented, The purpose of this procedure is to promote cleanliness and to provide skin care.</p> <p>i. A facility policy titled, 'Mouth Care' Revised February 2018 documented, The purposes of this procedure are to keep the resident's lips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent oral infection.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>j. A facility policy titled, 'Activities of Daily Living (ADLs), Supporting' Revised on March 2018 documented, . Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care).</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>44852</p> <p>49071</p> <p>Based on observation, interview, and record review, the facility failed to ensure the activity program was designed to meet the individual activity needs, interests and abilities for Residents who reside on the 600 Hall secure unit, and to ensure that activities were provided on the weekend for all 57 residents in the facility.</p> <p>The findings are:</p> <p>1. On 04/15/2024 at 02:25 PM, there were no activities being provided on the secure unit, 600 Hall, nor was there an activity calendar posted anywhere on the unit.</p> <p>a. On 04/16/2024 at 10:49 AM, there were no activities being provided on the secure unit.</p> <p>b. On 04/16/2024 at 02:44 PM, there were no activities being provided on the secure unit.</p> <p>c. On 04/17/2024 at 10:55 AM, there were no activities being provided on the secure unit.</p> <p>d. On 04/16/2024 at 02:50 PM, the Activity Director (AD) was asked, Do you provide activities in the secure unit? The AD stated, Yes, I do one on one with them The AD was asked, What do you with them? AD confirmed, I walk the hall with them. The AD was asked, Do you have a calendar in the secure unit? The AD stated, No, but I do one for them week by week. The AD was asked, Do you post it on the [secure] unit? The AD stated No. The AD was asked, Do you have a calendar for the main facility? The AD stated, Yes, and there is one posted in the dining room. The AD was asked, Do you place a monthly calendar of activities in the resident rooms? The AD stated, No. The AD was asked, How do you notify the residents that there will be an activity? The AD stated, I announce it overhead in the mornings. The AD provided two pieces of construction paper in which she had written two activities, one of which was bird watching. The Surveyor asked if the residents were taken outside to view the birds. The AD reported that no, they did not go outside, that they were to view the birds from the dining room windows.</p> <p>e. On 04/16/2024 at 10:50 AM, the Surveyor asked Certified Nursing Assistant (CNA) #1, Do you ever see any of the residents receiving any activities on the secure unit? CNA #1 stated, No, they don't do any activities back here. CNA #1 was asked, Does the Activity Director ever come back here and offer any of them a one-on-one activity? CNA #1 stated, No, I have never seen her do any activity with anyone back here in the unit.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. On 04/16/2024 at 02:55 PM, the Surveyor asked the AD, When did you do your activity this afternoon? The AD stated, I did it when we took the residents out to smoke. The Surveyor asked the AD to identify the activity and she stated, Popcorn. The AD was asked if they provided popcorn to the residents in the secure unit who do not smoke. The AD stated, There was one resident who smokes on the unit that got a bag of popcorn. The AD was asked, Did you go in and offer popcorn to the residents on the secure unit? The AD stated, No, but I asked Nursing Assistant (CNA) #2, who was outside with the smokers, and she said no don't worry about it. The AD was asked to confirm they did not offer the residents popcorn. The AD stated, No I didn't.</p> <p>g. On 04/17/2024 at 10:55 AM, the Surveyor asked the AD what activities were offered today. The AD stated, We did gardening and planted tomatoes and cucumber seeds. The AD was asked how many residents participated in the activity. The AD stated, 6 or 7. The AD was asked to provide a list of the residents who attended. The AD stated No, but I can tell you who they were. The AD was asked if they maintained a logbook, or a record of who attends activities. The AD stated, No, I have never kept a log of who attends my activities.</p> <p>i. On 04/17/2024 at 11:12 AM, CNA #1 was asked, Did you see the residents during the [gardening] activity? CNA #1 stated, Yes, I was out here and saw the Activity Director and a resident putting dirt in the one raised bedding areas. CNA #1 was asked, Did you see them planting seeds? CNA #1 stated, No, they didn't plant anything they were just spreading the soil, and there was only one resident outside with the Activity Director.</p> <p>j. On 04/18/2024 at 08:16 AM, the AD was asked, What are the benefits of the residents receiving or participating in activities? The AD stated, Socialize with one another, communication with one another. The AD was asked, What are the negative effects of residents not receiving activities? The AD stated, No socialization, no outside time, no outings, and could cause depression.</p> <p>On 04/17/2024 at 10:00 AM, the Resident Council President (Resident #26) expressed dissatisfaction with the lack of activities on the weekend. The other 5 members (Residents #6, #36, #38, #41, #47) present agreed that there is a complete lack of activities on the weekend and that the time passes very slowly.</p> <p>On 04/17/2024 at 01:30 PM, the AD was asked to describe what activities take place on the weekend. The AD reported there are 2 different Pastors which come to the facility on Sunday, at 10:30 AM and 04:00 PM. The events on Saturday are supposed to be taken care of by the weekend RN (Registered Nurse). The AD describes the RN as putting a movie in or laying games out, so they are available to the residents, however she isn't aware of her facilitating a group event. The AD continued to report that in the past she would come in on the weekend but was told that she had to stop working 7 days per week. The AD was asked if the residents on the secure unit were brought to the church services. She reported the Pastor walks through the entire facility and ministers to everyone. The AD was not aware of the residents from the secure unit being included at other times.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/17/2024 at 01:56 PM, the Resident Council minutes dated 02/05/2024 recorded an item of new business concerning the desire of the council members for more weekend activities. The facility response was recorded as, Manager to leave supplies in CNA closet-staff to be scheduled. In-service Resident Council on where and what games are available at all. The 03/14/2024 Resident Council minutes documented that the concern surrounding weekend activities was not revisited under old business. The Council minutes from 04/12/2024 do not address weekend activities but referenced the resident's desire for facility outings.</p> <p>An activity policy was provided on 04/17/2024 at 09:34 AM by the Nursing Consultant. The Policy Statement required that activity programs are designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident.</p> <p>Activities are considered any endeavor, other than routine ADL's. It required that scheduled activities are posted on the resident bulletin board. Activity schedules are also to be provided individually to residents who cannot access the bulletin board (e.g., bed bound or visually impaired residents). Individualized and group activities are provided and offered at hours convenient to the residents, including evenings, holidays, and weekends.</p> <p>On 04/18/2024 at 08:20 AM, Certified Nursing Assistant (CNA) #3 confirmed that she works on the weekend. When asked about the occurrence of weekend activities the CNA described on the secure unit music is played, they walk around, that they play it by ear because the residents will follow the staff. CNA #3 reported there is no activity schedule.</p> <p>On 04/18/2024 at 08:29 AM, CNA #4, who reported working weekends, was asked to describe the activities that take place on the weekend. CNA #4 reported that there aren't any activities on the weekend. She continued to elaborate how there aren't many activities that take place during the week. CNA #4 was asked if the weekend RN ever initiates/leads any activities on the weekend. CNA #4 adamantly described how there were no activities on the weekend and continued to describe how she feels her residents are bored on the weekends.</p> <p>On 04/18/2024 at 08:40 AM, CNA #5 was asked if she worked the weekend and she confirmed that she did. When asked if there were activities taking place on the weekend, the CNA shook her head, no.</p>

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>49071</p> <p>Based on observation, interview, and record review, the facility failed to ensure that there was a Certified Activity Director. The findings are:</p> <ol style="list-style-type: none"> On 04/16/2024 at 03:05 PM, the Surveyor asked the Administrator to provide the Certification for the Activity Director. The Administrator reported the employee currently serving in the role as Activity Director did not hold a certification. The Surveyor asked the Administrator how long this employee had been in charge of activities. The Administrator reported that she had been in charge of activities for 2 years. On 04/17/2024 at 01:30 PM, the Activity Director reported that she was unaware that she needed a certification to fulfill the role of Activity Director and that the Administrator had told her that there was a possibility of her attending a certification class in June 2024. On 04/17/2024 at 03:40 PM, the Surveyor reviewed the Activities Director personnel file and confirmed there was no evidence of any training in activities and related record keeping. On 04/18/2024 at 09:22 AM, the Director of Nursing (DON) was asked how often the facility does skill check off for employees. The DON reported they were performed upon hire and annually. The DON was asked, Should an employee have a skills check off in their personnel file completed annually? The DON confirmed, Yes, they should. On 04/18/2024 at 09:26 AM, the Activities Director was asked, Do you have any certificates that document you have been trained for your job? The Activities Director stated, No, I don't, but the company sends all of the activity directors yearly to their [named another facility] for 1 day and we receive training from a corporate person, but we don't get a certificate. On 04/18/2024 at 09:30 AM, the Administrator was asked, Do you have any records or certificates for your activity Director documenting that she has received any type of training for her position? The Administrator stated, No, our Human Resources (HR) person used to do that job and she trained her, it was just ongoing training until our HR left the facility. 		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>38200</p> <p>Based on observation, interview and record review, the facility failed to ensure hand rolls were applied to prevent further decline in range of motion (ROM) for 01 Resident #45 of 01 sample mix residents.</p> <p>The findings are:</p> <p>Resident #45's care plan dated 03/30/2023 showed no documentation of a contracture, it documented, . limited physical mobility (weakness) r/t hemiplegia affecting left side. he has weakness to left hand, 4th and 5th digit .</p> <p>A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) documented a score of 10 (indicates moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS) and that the resident has an upper extremity impairment on one side.</p> <p>On 04/15/2024 at 11:40 AM, Resident #45 ' s left hand appeared to be contracted with no device present to prevent injury or decline in ROM.</p> <p>On 04/16/2024 at 09:33 AM, Resident #45's left hand appeared to be contracted with no device present to prevent injury or decline in ROM. Resident #45 confirmed staff do not put a device in his/her hand.</p> <p>On 04/16/2024 at 03:01 PM, the Surveyor interviewed Certified Nurse Aide (CNA) #08 and asked, Is the Resident ' s left hand contracted? She stated, Yes, at the pinky and ring fingers. When asked, Does the resident have a device present in the left hand? She stated, No. When asked, Should a device be in Resident #45's hand? She stated, Yes, the ball thing. When asked, Why should a device be in Resident #45's hand? She stated, To exercise it.</p> <p>On 04/16/2024 at 03:18 PM, the Surveyor interviewed the Director of Nursing (DON) and asked, Is the residents left hand contracted? She stated, Yes, it's contracted. When asked, Does the resident have a device present in the left hand? She stated, [Resident #45] should. When asked, Why should a device be in Resident #45's hand? She stated, To prevent further contracture or injury.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Harris Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 287 South Country Club Road Osceola, AR 72370	

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A facility policy titled, 'Resident Mobility and Range of Motion' Revised July 2017 documented, Policy Statement: 1. Residents will not experience an avoidable reduction in range of motion (ROM). 2. Residents with limited range of motion will receive appropriate services, equipment, and assistance to maintain or improve mobility unless reduction in mobility is unavoidable .Policy Interpretation and implementation . 4. The care plan will be developed by the interdisciplinary team based on the comprehensive assessment and will be revised as needed. 5. The care plan will include specific interventions, exercises, and therapies to maintain, prevent avoidable decline in, and/ or improve mobility and range of motion. 6. Interventions may include therapies, the provision of necessary equipment, and/ or exercises and will be based on professional standard of practice and be consistent with state laws and practice acts. 7. The care plan will include the type, frequency, and duration of interventions, as well as measurable goals and objectives. The resident and representative will be included in determining these goals and objectives .</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46868</p> <p>Based on observation, interview and record review, the facility failed to ensure residual was checked per physicians' orders from a Gastrostomy tube prior to medication administration for 1 (Resident #32) of 1 sampled resident.</p> <p>The findings are:</p> <ol style="list-style-type: none"> Resident #32 was admitted on [DATE] with a diagnosis of Dysphagia following nontraumatic intracerebral hemorrhage. On 04/17/2024 at 09:00 AM, Licensed Practical Nurse (LPN) #1 was observed administering medications by tube feeding. LPN #1 failed to aspirate for residual contents per physician ' s orders. A Physicians order dated 03/25/2021 documented every shift for Gastrostomy Tube Placement [Enteral] Verify placement via aspirate (removing gastric contents via the gastrostomy tube) & auscultation (instilling air into the feeding tube with a syringe while using a stethoscope placed over the stomach to listen for rushing air) before medication administration/feeding/flushes. If more than 150 ml (milliliter), wait 1 hour and recheck. A Care Plan dated 07/05/2022 documented .Verify peg tube placement via aspirate and auscultate before meds administration, feedings, and flushes. If more than 150 ml, wait 1 hour and recheck. On 04/18/2024 at 08:29 AM, Licensed Practical Nurse (LPN) #1 was asked what should be done prior to administering enteral feedings. LPN #1 stated, Auscultate. LPN #1 was then asked what the benefit was by making sure the residual is checked prior to administering anything through a Gastrostomy tube. LPN #1 stated, They could aspirate and make sure that the fluids in the stomach are being processed if it doesn't happen. On 04/18/2024 at 08:30 AM, the Director of Nursing (DON) was asked, What do you expect the nurses to do prior to administering medications, fluids, or enteral feeding? The DON replied, Check for placement by aspirating and auscultating. The Don was asked what the benefit of aspirating prior to administering medication, fluids or feeding was. The DON stated, It will show you the residual. On 04/18/2023 at 08:57 AM, the DON provided a policy titled, Administering Medications through an Enteral Tube. Purpose: the purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube.Preparation 1. Verify that there is a physician's medication order . 		

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NAME OF PROVIDER OR SUPPLIER Harris Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 287 South Country Club Road Osceola, AR 72370	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46868</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control measures, including handwashing, avoidance of cross contamination, and proper disposal of soiled dressings were implemented during a dressing change to prevent potential infection for 1 (Resident #1) of 1 who had orders for dressing changes.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 04/15/2024 at 11:02 AM, During initial rounds, the Surveyor observed Resident #1's left lower leg was wrapped in a bandage. Resident #1 stated Its broken out on it and swelling. On 04/16/2024 at 08:39 AM, Resident #1's left lower leg was wrapped in a bandage. Resident #1 stated, I'll get it changed today in the shower room. The Surveyor was unable to see the date. On 04/16/2024 at 09:56 AM, Resident #1 was entering the shower room for a shower. Resident #1's left lower leg was wrapped in an ace bandage with exposed with yellow and red drainage on it. The Treatment Nurse entered the shower room to wrap Resident #1's leg with plastic to prevent the bandage from getting wet and the resident told the Treatment Nurse that (Resident) wanted the treatment done as usual in the shower. The Treatment Nurse exited the shower room to gather the treatment supplies. Certified Nurse Assistant (CNA) #7 put on a gown and gloves. CNA #7 cleaned the shower chair with disinfectant preparing for the shower then with the same gloves on began removing the outer dressing and the dressing fell across the floor exposing yellow and red drainage on the bandage. CNA #7, with the same gloves on, then removed the woven gauze which also had yellow and red fluid and was dropped on the floor. CNA #7 picked up the dirty dressings and put them not in a biohazard bag but in the normal trash receptacle. CNA #7 then gave Resident #1 a shower using the same gloves that she had removed soiled dressings with. CNA #7 never sanitized or washed hands prior, during, or after the shower. <p>On 04/16/2024 at 10:20 AM, the Treatment Nurse returned and saw the bandage removed. The Treatment Nurse was asked who normally provides wound care which involves removing soiled dressings. The treatment nurse stated, I do, or a nurse. The Treatment Nurse was asked to explain the disadvantage of a CNA removing a bandage with drainage on the dressing. The Treatment nurse stated, A CNA might not remove it correctly and cause further damage.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/18/2024 at 08:16 AM, CNA #7 was asked who normally removes physician ordered dressings. CNA #7 stated, I do sometimes but the Treatment Nurse does. CNA#7 was asked to explain the procedure of showering a resident with enhanced barrier precautions. CNA #7 stated, Clean the chair with disinfectant spray with hot water, put our PPE on, then the treatment nurse is supposed to wrap the wound first, get the resident undressed, sit them in a shower chair, give shower. CNA #7 was asked to explain the benefit of removing gloves and sanitizing and putting on clean gloves after cleaning the chair with disinfectant. CNA #7 stated, Stop germs and infection. CNA #7 was asked what's the benefit of changing gloves and sanitizing hands after touching soiled dressings prior to bathing a resident. CNA #7 stated, So you don't pass germs to a clean person. CNA #7 was asked what the benefit of allowing a trained nurse to remove a physician ordered dressing would be. CNA #7 stated, Because they are trained, and we won't catch anything they have. CNA #7 was asked if she changed gloves anytime in the shower room once she put on the first ones. CNA #7 stated, no.</p> <p>A policy provided by the Administrator on 04/15/2024 at 10:58 AM titled, Policies and Practices - Infection Control, documented, .This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections . This facility's infection control policies and practices apply equally to all personnel . The objectives of our infection control policies and practices are to .Prevent, detect, investigate, and control infections in the facility .All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities .</p>		