

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Cavalier Healthcare of England		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Stuttgart Highway England, AR 72046	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>37634</p> <p>Based on observation and interview, the facility failed to ensure that the residents had knowledge of the State Inspection Book, and it was made accessible to them if they chose to read it. The findings are:</p> <p>On 04/02/2023 at 09:30 AM, the Resident Council meeting was conducted. The Surveyor asked the Residents if they were familiar with the State Inspections Book and where it was located in the facility if they chose to read it. All 4 (Resident #1, #3, #26, and #34) residents stated that they were not aware of the State Inspections Book, or where it was located.</p> <p>On 04/02/2023 at 10:15 AM, this Surveyor looked around the facility for the survey results binder. The survey results binder was not located.</p> <p>On 04/02/2024 at 10:22 AM, the Activity Director was asked where the results of the state inspections were located. The state inspection results were located behind the nurse's station, in a location inaccessible to Residents and their Representatives.</p> <p>On 04/02/2024 at 10:24 AM, the Administrator stated, They didn't put the state inspection book back on the wall after they painted.</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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