

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Evergreen Living Center at Stagecoach		STREET ADDRESS, CITY, STATE, ZIP CODE 6907 Highway 5 North Bryant, AR 72022	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42965</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Comprehensive Care Plan contained the necessary information to fully provide and coordinate care and services for a resident with physician's orders for Hospice Services for 1 (Resident #192) of 3 sampled residents that were reviewed for Hospice Services.</p> <p>The findings are:</p> <p>1. The admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/29/2024 indicated Resident #192 had diagnoses of cancer of the colon, coronary artery disease, chronic obstructive pulmonary disease, scored 11 (8-12 indicated moderate impairment) on the Brief Interview for Mental Status (BIMS), required substantial to maximum assistance with activities of daily living (ADL's), and was on hospice services.</p> <p>a. A physician's order dated 01/05/2025 indicated Resident #192 was admitted to (Name of Hospice Company) hospice for malignant neoplasm (cancer) of colon.</p> <p>b. Review of the care plan with a revision date of 01/11/2025 revealed it did not address Resident #192 receiving hospice services.</p> <p>c. On 01/29/2025 at 10:00 AM, the MDS Coordinator confirmed during an interview that Resident #192 had been receiving hospice services since admission to the facility. The MDS Coordinator was asked if Resident #192's care plan addressed that the resident was receiving hospice services. The MDS Coordinator looked in the resident's electronic record and stated not yet, but it will. When asked why the care plan should address that the resident is receiving hospice services, the MDS Coordinator stated it should be included so staff know which hospice the resident is using and what care is to be provided.</p> <p>d. On 01/29/25 at 10:05 AM, during an interview the Director of Nursing (DON) confirmed Resident #192 was receiving hospice services and the resident's care plans should include that they are receiving hospice services because care plans should be individualized. The DON was asked if the facility had a policy on care plans.</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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. On 01/29/25 at 10:10 AM, the policy titled Care Plans, Comprehensive Person-Centered (Revised March 2022) indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident and describes the services that are to be furnished		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>42569</p> <p>Based on observation, interview, and record review, the facility failed to post and make readily accessible to residents and visitors daily nurse staffing in a clear and readable format to include the facility name, date, total census and total number and actual hours worked by nursing staff. This failed practice had the potential to affect all 98 residents residing in the facility.</p> <p>The findings are:</p> <p>During an interview on 01/28/2025 at 4:20 pm, the Director of Nursing (DON) was asked for the location the nurse staffing was posted, and stated it was on the wall over by the nurse's station in a display case. The posted schedule only showed the daily schedule. The title of staff scheduled was not included. The schedule did not show the hours worked, the total hours, the census, or the name of the facility. The DON was asked what kind of information should be included on the nursing staffing and stated, The date, number of hours actually worked, and the hours scheduled. The DON was asked if the facility name and the census be on the nurse staffing posting and stated, Yes, they should. The DON was asked who makes the nurse staffing schedule and stated, Our HR (Human Resources) person does this. The one we had before wasn't doing it so she was terminated. We lost the key to the case and haven't been able to open it. The Maintenance man has ordered a new one and it hasn't come in yet so that's one reason it is not up to date.</p> <p>During an interview on 01/29/2025 at 1:58 pm, the Administrator was asked what information is required to be included on the posted nursing staffing schedule and stated, The date, census, hours scheduled, hours actually worked, facility name, schedule hours and shifts.</p>		