STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045460	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonel Glenn Health and Rehab, LLC	13700 David O Dodd Road Little Rock, AR 72210

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)
F 0880 Level of Harm - Actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interviews, facility documentation review, and facility policy review, it was determined that the facility failed to prevent a rash from spreading between residents in different rooms, on two different halls and two separate floors when reviewed for infection control and prevention for one of one infection control plan The findings include: Resident #1Review of an admission Record, indicated the facility admitted Resident #1 on 11/01/2024, with diagnoses which included Alzheimer's disease and stroke. Resident #1 resided on the first floor of the facility. Review of a Medical Diagnosis report indicated Resident #1 was diagnosed with rash and other nonspecific skin eruptions on 11/10/2025, scabies on 11/15/2025, and unspecified skin changes on 11/22/2025. Review of an Orders Summary, indicated Resident #1 had orders for the following: -An antihistamine to be started on 08/05/2025, - An antibiotic due to elevated white blood cells ordered on 10/31/2024, -An oral antifungal ,ordered on 11/09/2025 for a rash, - -An antifungal cream ,ordered for a rash and other nonspecific skin eruptions on 11/10/2025. - Contact isolation for scabies on 11/14/2025, -A steroidal cream, ordered 11/22/2025. - An anti-parasitic, ordered 11/14/2025. Review of a significant change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/12/2025 revealed Resident #1 had a Staff Assessment of Mental Status (SAMS) score of 3 which indicated the resident's cognitive skills for daily decision making were severely impaired. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Actual harm Residents Affected - Some	Review of Resident #1's Care Plan dated 11/14/2025 indicated the resident had a rash to the right flank, right shoulder, right underarm and upper back. The Care Plan also included interventions to avoid scratching, keep hands and body parts from excessive moisture, use high quality moisturizer, use anti-pruritic medications, increase out of bed activity as directed, monitor rash for spreading, and treat the area as ordered. Review of Resident #1's NSG [Nursing] Weekly Skin Audit dated 11/07/2025, indicated a rash was present on assessment. Review of Resident #1's Medication Administration Record/Treatment Administration Record (MAR/TAR) for 11/2025 revealed the resident had an antiparasitic cream administered on the following dates: 11/15/2025, 11/18/2025, and 11/21/2025. Resident #2 Review of an admission Record indicated the facility admitted Resident #2 on 05/01/2025 with diagnoses which included dementia, psychotic mood disturbance, anxiety, and Alzheimer's disease. Resident #2 resided on the first floor of the facility Review of a Medical Diagnosis report indicated Resident #2 was diagnosed with urticaria (hives) on 08/22/2025, and allergic contact dermatitis on 10/31/2025. Review of an Orders Summary, indicated Resident #2 had orders for the following: -An antihistamine, to start on 08/22/2025 for itching. -A steroid, ordered for urticaria (hives) on 08/22/2025. -A Topical steroid cream, ordered for rash on 08/26/2025. -A second topical steroid cream, ordered for rash on 08/26/2025. -A third topical cream, ordered for rash and itching on 09/23/2025. -Steroids, ordered for urticaria (hives) on 09/23/2025. -An antifungal cream, ordered for urticaria (hives) on 11/18/2025. -An antiparasitic cream, ordered on five separate dates: 09/11/2025, 09/30/2025, 10/01/2025, 10/31/2025, and 11/18/2025. The quarterly MDS, with an ARD of 11/14/2025, revealed Resident #2 had a SAMS score of 3 which indicated the resident's cognitive skills for daily decision making were severely impaired. Review of Resident #2's Care Plan revealed the Care Plan did not address a rash. Review of a NSG Weekly Skin Audit dated10/30/2025, revealed the first skin assessment which indicated a rash was present. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	Review of Resident #2'sMAR/TAR for 09/2025, revealed the resident had an antiparasitic cream administered on 09/13/2025. Review of Resident #2's MAR/TAR for 10/2025, revealed the resident had an antiparasitic cream administered on 10/01/2025. Review of Resident #2's AR/TAR for 11/2025, revealed the resident had an antiparasitic cream administered on 11/01/2025 and 11/07/2025. Resident #3Review of Resident #3's admission Record, indicated the facility admitted Resident #3 on 08/08/2024 with diagnoses which included insomnia, recurrent depressive disorder, and cellulitis. The admission Record also indicated a diagnoses of rash and other nonspecific skin eruptions on 10/14/2025. Resident #3 resided on the second floor of the facility Review of a Medical Diagnosis report indicated Resident #3 was diagnosed with pruritus (itchy skin on 09/18/2025, and rash and other nonspecific skin eruptions on 10/14/2025. Review of Resident #3's Orders Summary, indicated the resident had orders for the following: -Medication for itching/rash started 09/18/2025 -Steroids on 10/14/2025. -A referral for dermatology on 10/16/2025. -An antiparasitic cream on 10/29/2025. Review of the VA [Veteran Affairs] Visit notes dated 10/29/2025, indicated Resident #3 had significant itching and rash for two months and revealed the rash was most likely scabies. Orders for an antiparasitic cream were given with further instructions for prevention such as cleaning sheets and clothing in boiling water. Review of Provider visit notes dated 11/11/2025 indicated Resident #3 complained of ongoing itching and diffuse rash all over the body. Resident #3 stated the rash negatively affected, causing increased anxiety and irritability. Review of the [Clinic name] Visit notes dated 10/23/2025, indicated Resident #3 was seen for a skin problem/rash with multiple attempts for treatment of the rash and itching. The visit note also indicated none of the treatments were successful. Review of a quarterly MDS, with an ARD of 11/13/2025, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated the resident had moderate cognitive impairment. Review of Resident #3's Care plan with an initiation date of10/29/2025, revealed the resident had a rash to the chest, abdomen, back, both arms and both legs. The Care Plan included interventions initiated on 10/29/2025, to avoid scratching, keep hands and body parts from excessive moisture, use high quality moisturizer, use anti-pruritic medications, to increase out of bed activity as directed, monitor rash for spreading, and treat area as ordered. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	Review of the NSG Weekly Skin Audit, dated 09/30/2025 indicated a rash described as dry and flaky redness observed to both lower extremities. Review of [Clinic name] visit notes dated 10/23/2025, revealed Resident #3 had a rash throughout their body. Review Resident #3's MAR/TAR for 10/2025, revealed the resident was administered an antiparasitic cream on 10/29/2025 Review of Resident #3's Order Summary, indicated the resident was placed on contact isolation on 11/19/2025. During a concurrent interview and observation of Resident #3 on 12/02/2025 at 9:37 AM, Resident #3 reported the rash was present for four to five months. Resident #3 indicated they were eventually given a bath in a special body wash/soap, and a lotion was applied a few times. Resident #4 Review of an admission Record indicated the facility admitted Resident #4 on 03/17/2025, with diagnoses which included cerebral palsy and anxiety disorder. Resident #4 resided on the first floor of the facility. Review on a Medical Diagnosis Report indicated Resident #4 was diagnosed with pruritus on 09/05/2025, and allergic contact dermatitis on 10/31/2025. Review of Resident #4's Order Summary, indicated Resident #4 was admitted to hospice on 04/26/2023 and had orders for the following: - An antihistamine cream, ordered on 08/21/2025 for urticaria. -An oral antihistamine, ordered for rash on 08/26/2025 and -steroids, ordered on 08/26/2025 for a rash. -An antihistamine, ordered on 09/02/2025 for itching. -Steroid cream, ordered for pruritus on 09/03/2025. -An oral antiparasitic, for pruritus (itchy skin) for prophylactic measures, unspecified and allergic contact dermatitis on 10/31/2025. -The oral antiparasitic was reordered for a rash 11/12/2025. -An antiparasitic cream, ordered on two separate dates 10/31/2025 and 11/14/2025. - Contact isolation to start on 11/14/2025. Review of a quarterly MDS, with an ARD of 09/22/2025, revealed Resident #4 had a BIMS score of 7 which indicated the resident had severe cognitive impairment. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	Review of Resident #4'sCare Plan, with a revision date of 08/26/2025, revealed the resident had a rash to the left lateral thigh, upper and lower back, chest, bilateral arms, and right knee. The Care Plan also included interventions to avoid scratching, keep hands and body parts from excessive moisture, use high quality moisturizer, using anti-pruritic medications, increase out of bed activity as directed, monitor rash for spreading or signs of infection and treat area as ordered. Review of Resident #4's NSG Weekly Skin Audit dated 09/19/2025, indicated a rash was present. Review of provider visit notes dated 11/18/2025, revealed Resident #4 was seen for a skin problem/rash. The provider note also indicated a ring worm to left lower extremity with raised small pruritic rash to left lower extremity. Review MAR/TAR for 09/2025, revealed Resident #4 was administered a steroid cream for pruritus (itchy skin) on 09/04/2025 thru 09/17/2025 and 09/24/2025 thru 09/30/2025. The MAR/TAR for 09/2025 also indicated a second steroid cream for itching: Rash was administered on 09/02/2025. Review MAR/TAR for 10/2025, revealed Resident #4 was administered an antihistamine seventeen times from 10/01/2025 thru 10/29/2025 for itching. A steroid cream was administered 10/1/2025 thru 10/31/2025 for pruritus (itchy skin)'. Review MAR/TAR for 11/2025, revealed Resident #4 was administered an oral antiparasitic on 11/01/2025, 11/02/2025, 11/08/2025, 11/09/2025, 11/12/2025, 11/13/2025, 11/19/2025, 11/20/2025 and 11/26/2025 for a rash. An antiparasitic cream administered on 11/7/2025 and 11/14/2025 for rash, urticaria (hives) pruritus (itchy skin), and allergic contact dermatitis. An antiparasitic was administered on 11/15/2025, 11/18/2025, and 11/21/2025 for a rash. A steroid cream was applied on 11/1/2025 through 11/30/2025 for pruritus (itchy skin). Review of Resident #4's Orders Summary, indicated the resident was placed on contact isolation on 11/14/2025. During an interview on 12/02/2025 at 11:41 AM, Resident #4's power of attorney (POA) stated Resident #4 was itching frantically. The POA stated they received a call that the facility was treating a rash and was advised that someone on Resident #4's hall had scabies, and the staff were treating everyone on the hall. Resident #5A review of the admission record, indicated Resident #5 was admitted to the facility on [DATE] with diagnoses of stroke, urticaria (hives), impulsiveness, restlessness and agitation, anxiety, reduced mobility, and other signs and symptoms involving cognitive functions and awareness. Resident #5 was discharged on 10/29/2025 to another facility. A review of the MAR/TAR 09/2025 indicated Resident #5 resided on the 1st floor, Unit 1A. Report indicated Resident #5 was on an anticonvulsant medication for impulsiveness on 07/17/2025, 09/02/2025, and 09/18/2025, an anti-fungal shampoo started on 09/23/2025, oral steroids on 08/24/2025 for atopic dermatitis, an anti-psychotic medication for impulsiveness on 09/25/2025, an anti-psychotic for restlessness and agitation on 09/11/2025, an allergy medication for rash related to itching, an antihistamine for itching related to a rash on 08/29/2025, and antibiotic on 09/16/2025 for a rash, an anti-anxiety medication on 09/25/2025, topical steroid to be applied to the both arms, stomach, back and shoulder due to a rash on 09/3/2025, topical steroid for itching and rash on 08/26/2025 (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	A review of the receiving facility's admission record dated 10/29/2025 indicated scabies was included in the diagnoses upon entry to the facility. A review of the Admit Skin Audit for 10/29/2025 indicated Resident #5 entered the facility with a rash present. The progress notes reported a rash that appeared to be scabies. Resident immediately put on isolation, MD notified, clothes bagged for 14 days, and anti-parasitic cream applied. During an interview on 12/02/2025 at 4:08 PM, the Resident #5's receiving facility representative contacted the sending facility and reported that the resident was transferred with a rash and was diagnosed and treated for scabies. The receiving facility representative stated they were not informed prior to transfer of the rash and possible scabies concerns. Resident #6 A review of admission Record, indicated Resident #6 was admitted to the facility on [DATE] with diagnoses of stroke, altered mental status, recurrent depressive disorder, and impair vision to both eyes. Resident #6 resided on the 2nd floor, Unit 2B. A review on the Medical Diagnosis, indicated Resident #6 was diagnosed with allergic contact dermatitis unspecified cause on 08/01/2025 and encounter for prophylactic measures unspecified on 09/17/2025. A review of the Nsg Weekly Skin Audit 09/04/2025, indicated a rash was identified on the skin assessment for Resident #6. The quarterly MDS, with an ARD of 08/05/2025, revealed Resident #6 had a BIMS score of 12, which indicated the resident had moderate cognitive impairment. A review MAR/TAR for 09/2025, revealed Resident #6 was administered a broad-spectrum antibiotic on 09/16/2025 through 09/23/2025 for a rash related to allergic contact dermatitis. An antiparasitic cream was administered on 09/04/2025. A steroid cream was administered on 09/19/2025, 09/22/2025, 09/24/2025, 09/26/2025, and 09/29/2025. A topical antibiotic cream was applied 09/1/2025, 09/02/2025 and 09/03/2025 for a rash. A steroid cream was applied 09/18/2025 through 09/30/2025 for rash, irritation, and allergic contact dermatitis. A review of the MAR/TAR for 10/2025 revealed Resident #6 was administered an oral antiparasitic on 10/10/2025, 10/11/2025, 10/17/2025, 10/18/2025, and 10/24/2025 for allergic contact dermatitis, encountered prophylactic measures. An antifungal shampoo was administered 10/01/2025 through 10/17/2025 on odd days. An antiparasitic cream was ordered to administer two consecutive doses weekly on Wednesday it was administered on 10/08/2025 with the second dose due for administration on 10/22/2025. No documentation was provided to indicate the second dose was administered. A steroid was administered on 10/01/2025 through 10/24/2025. A review of Resident #6's Progress Notes indicated the resident was transferred to a different facility on 10/24/2025. During an interview on 12/01/2025 at 12:41 PM, Healthcare Provider #7 stated, Resident #3 was the first resident known with a rash, followed by Resident #1, and then Resident #4. Resident #5 had a rash and was transferred to another facility with the rash. Healthcare Provider #7 stated the rash had been present in the facility since September of 2025 and staff was originally instructed not to use perfumes, body washes, or air refresheners, but the rash kept going on and kept getting worse. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	During an interview on 12/01/2025 at 1:03 PM, Healthcare Provider #8 stated they had developed a rash, was seen in the emergency room and diagnosed with scabies in November of 2025. Healthcare Provider #8 stated the following residents in the facility had a rash: Resident # 2, Resident #3, Resident # 4, and Resident # 5. Healthcare Provider #8 stated it had been present for a while. Resident #5 had dementia and was combative, the rash made it worse. Healthcare Provider #8 stated prior to 11/14/2025 there were no interventions or instruction given by the facility to stop the spread of the rash. During an interview on 12/02/2025 at 10:20 AM, Certified Nursing Assistant (CNA) #2 recalled rashes started to appear on residents in July 2025. During an interview on 12/02/2025 at 10:35 AM, Licensed Practical Nurse (LPN) #3 reported she worked mostly on the second floor in Units A and B, and that everybody was treated with cream and showers in the middle of November. The entire hall of both A and B halls were quarantined and everyone had to wear PPE. During an interview with LPN #4 on 12/02/2025 at 1:24 PM, LPN #4 stated Resident #2 was the first to present with a rash. LPN #4 reported the treatments did not seem to help Resident #2. LPN #2 reported the rash had been present in the facility as early as September 2025. LPN #4 then reported noticing a rash on Resident #1 about one month ago. LPN#4 stated Resident #1 went to the emergency room and returned with a diagnosis of scabies. LPN #2 reported she then noticed a rash on Resident #4. LPN #4 reported at first they were thinking the rash came from an allergy to laundry soap but that they were treating the residents with multiple different medications, but it was not going away, and it was just getting worse. LPN #4 reported being told it was a viral rash. LPN #4 reported after the return of Resident #1 with the diagnosis of scabies the staff started wearing PPE, housekeeping started cleaning more, and the facility implemented contact isolation. During an interview on 12/02/2025 at 9:30 AM, Housekeeper #5 revealed no residents were ever in isolation and no special cleaning instructions were ever given. During an interview on 12/02/2025 at 9:45 AM, Housekeeper #6 revealed a lot of residents had a rash. Housekeeper #6 listed seven different rooms that were affected. Housekeeper #6 reported they were never advised to do anything different until November of 2025 During an interview on 12/02/2025 at 1:48 PM, the Infection Preventionist (IP) reported in July of 2025 that a resident with a rash was moved from the first floor of the facility to the second floor. The IP stated the rash started in a small area of the facility but became more systemic. The IP reported more rashes were present in September of 2025 and the locations/residents seemed to be sporadic. The IP stated there was 28 cases by November. The IP indicated that the first resident was diagnosed on [DATE] with scabies and contact isolation was started on 11/14/2025. A record review of the Order Listing Report dated 12/02/2025 generated by the IP as a rash tracking tool revealed a rash on three residents in September, eight residents in the month of October, and 26 residents in the month of November. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	During an interview on 12/02/2025 at 2:30 PM, the Treatment Nurse reported each resident's rash presented a little different. The facility treated residents with different things and reported to the doctor after every treatment. Isolation and treatment of residents did not start until after Resident #1 was diagnosed with scabies. During an interview on 12/03/2025 at 9:08 AM, the Advanced Practice Registered Nurse (APRN) stated, Resident #5 presented with a rash in July of 2025 and was treated with an anti-parasitic in mid-October. The APRN reported treating the residents for a rash; they would improve and then get worse; the rash did not go away. The APRN reported a few residents were sent out to have the rash tested, but no definitive diagnosis was given. The APRN confirmed residents on the first floor on hall A and residents on the second floor on hall B had a rash. Transmission based precautions did not start until after Resident #1 returned from the hospital with the diagnosis of scabies and did not start with the first round of antiparasitic given. The APRN stated, You treat your resident based off how the symptoms present. During an interview on 12/03/2025 at 9:30 AM, the Director of Nursing (DON) reported the rash was in the facility since July 2025, and after it was discovered more than one resident had a rash on more than one hall multiple medications were tried to treat the rash. The DON stated, after the diagnosis of scabies was given to Resident #1 on 11/14/2025 the facility did body audits on all residents, isolation was initiated for any resident with a rash, treatment with an antiparasitic was given to any resident with symptoms, in-services were completed, and prophylactic treatment was offered to the staff During an interview on 12/03/2025 at 10:35 AM, the Medical Director (MD) reported a rash was present on and off in the facility for a couple of months. She had a weekly meeting with the facility's department heads and the APRN. The MD initially treated the rash as an allergic reaction or contact dermatitis. She did entertain the idea of scabies and treated some residents with anti-parasitic, but she wanted a definitive diagnosis, however the hospital never identified the rash, and no new orders were ever received. The MD believed only three to four residents in the facility had a rash at one time. When asked about treatment for unconfirmed diagnoses the MD stated, You manage your resident symptoms. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Some	During an interview on 12/03/2025 at 11:45 AM, the Administrator stated the rash was on and off in the facility with the first rash starting in July 2025, with Resident #3 and then Resident #5's rash beginning in August. The rash would seem to go away and then come back. The facility originally treated the rash as an allergic reaction trying multiple medications such as antibiotics, creams, and steroids it depended on the resident how the facility treated it and who was sent out. The MD was made aware of all findings in the monthly quality assurance meetings. The Administrator stated the rash did not present as scabies, and there were no confirmed scrapings. She reported when Resident #3 returned from their appointment with the VA a diagnosis of possible scabies was mentioned. Resident #3 was given medication and was isolated. When Resident #1 returned from the hospital with the diagnosis of scabies, different measures began such as, resident was placed on isolation, the whole building was assessed, and everyone that had a symptom was treated. She stated all interventions started after Resident #1 returned and the facility then followed the CDC guidelines and the facility's scabies policy. Mattresses were replaced, all linens and clothes were washed in hot water, and prophylactic treatment for all residents and staff with symptoms. A review of a facility policy titled, Infection Prevention and Control Program, dated 11/22/2017, indicated, The facility will have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. Standard precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infectious status. Transmission base precautions shall be used when caring for residents who are documented or expected to have communicable disease or infections that can be transmitted to others. A review an undated, facility policy titled, Scabies, Treatment and Prevention indicated, Scabies is an itching skin irritation caused by the microscopic human itch mite, which burrows in the skin's upper layers and eventually causes itching, tiny irregular red lines just above the skin and an allergic reaction. Scabies is spread by skin-to-skin contact with the affected area, or through contact with bedding, clothing, privacy curtains and some furniture. Prevention is possible with good hygiene and restricting sharing clothing. Individuals who come on contact with the infected resident or potentially infected bedding or clothing should wear a gown or other protective clothing as established by the facility's infection and exposure control program. Failure to identify scrapings as positive does not necessarily exclude the diagnosis. And Note: Negative scrapings do not exclude the diagnosis. Treatment should be administered if symptoms are present. Indicated, Often diagnosis is made from signs and symptoms and treatment followed without scraping. Indicated, Persons who have been previously infested develop more rapid symptoms. Symptoms may sometime include severe itching. Indicated, Infected residents should remain in contact isolation until 24 hours after the last treatment. A review of the CDC guidelines title Scabies- clinical overview of Crusted Scabies dated 12/18/2023 indicated, people who have an increased risk of developing scabies include the elderly. Also, Patients with crusted scabies may not show the usual signs and symptoms, or lesions distribution seen in classic scabies. Patients may not have the classic rash or pruritus (itchy skin)pruritus (itchy skin) (itchy skin)pruritus (itchy skin) (itchy skin) (itchy skin). Prevention is quick detection. Diagnosis is Early detection and appropriate treatment is key to preventing further scabies infestations. A review of the CDC guidelines title, Clinical Care of Scabies dated 12/18/2023, indicated first line of medications are oral anti-parasitic and topical parasitic.