

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Belvedere Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Park Ave Hot Springs, AR 71901	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48390</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff followed care planned interventions requiring one staff member to perform transfers with gait belt to promote resident safety and prevent injury for 1 (Resident #2) of 3 sampled residents who required one-person transfers with a gait belt. This failed practice resulted in actual harm for Resident #2, who was transferred without the use of a gait belt and sustained a dislocation of the shoulder, proximal humerus fracture, ligamentous injury, and clavicle injury.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/26/2025, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11 (8-12 indicated the resident had moderate cognitive impairment). Resident #2 had diagnoses of age-related osteoporosis, osteoarthritis of hip, other chronic pain, vitamin D deficiency, displaced fracture of surgical neck of left humerus, closed fracture. <ol style="list-style-type: none"> a. Resident #2 ' s Care Plan with a revision date of 12/20/2023, indicated, Focus: (Resident #2) has an ADL self-care performance deficit related to impaired mobility; Intervention: Transfer: (Resident #2) requires extensive assist of 1 staff and a gait belt for transfers between surfaces b. The Closet Care Plan Form dated 09/14/2023, for Resident #2 that was observed in Resident #2 ' s closet on 03/13/2025 indicated that resident needed assistance of one [staff member] and instructed staff to utilize a gait belt with all transfers. c. A form titled Witness Statement Form completed by Certified Nursing Assistant (CNA) #1 on 01/08/2025 at 5:55 PM, indicated Certified Nursing Assistant (CNA) #1 assisted Resident #2 to bed. Resident #2 was in [Resident #2] wheelchair beside the bed. CNA #1 did not use a gait belt and grasped Resident #2's left upper arm. CNA #1 lifted Resident #2 and transferred the resident to the bed supporting part of the resident ' s weight by their left arm and pivoted the resident to the bed. CNA #1 indicated that Resident #2's arm popped while transferring resident. CNA #1 indicated that Resident #2 complained a little about their arm hurting so she ran and got the nurse. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Belvedere Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Park Ave Hot Springs, AR 71901	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>d. A form titled Witness Statement Form completed by Licensed Practical Nurse (LPN) #1, on 01/08/2025 at 5:55 PM, indicated Licensed Practical Nurse (LPN) #1 was passing meds when CNA #1 alerted him that Resident #2 complained of shoulder pain after hearing a loud pop during transfer. LPN #1 assessed Resident #2 shoulder and determined that it was necessary to notify the on-call provider. LPN #1 indicated that Resident #2's shoulder popped when moving the arm and the movement caused the resident 7/10 pain, resident indicated that the pain was minimal when not moved.</p> <p>e. A form titled Witness Statement Form for Resident #2 was written by LPN #1 on 01/08/2025 at 10:00 PM, LPN #1 took Resident #2 's statement as to how resident 's arm/shoulder was hurt. Resident #2 indicated that CNA #1 was helping me out of my wheelchair. Resident #2 indicated that CNA #1 was not going slow, but did not know how to explain it. Resident #2 indicated that 'it ' (shoulder) popped and began to hurt immediately. Resident #2 indicated that CNA #1 went to get help after that.</p> <p>f. A form titled Emergency Department [Named], date 01/08/2025, Medical Decision Making: Differential diagnosis includes dislocation of the shoulder, proximal humerus fracture, ligamentous injury, clavicle injury. X-ray of the shoulder is pending to further evaluate</p> <p>g. A form titled Emergency Department [Named] Imaging Services dated 01/08/2025, indicated findings: Mildly displaced transverse fracture through the surgical neck of the humerus.</p> <p>h. A form titled Academy: CARE Academy with a completion date 08/29/2024, For CNA #1 shows CNA #1's Skill Assessments were completed on 08/29/2024, Return demonstration - Transfers and Gait Belt, progress 100 percent.</p> <p>i. Undated [NAME] Belt, Use of Policy provided by the Administrator on 03/14/2025, indicated gait belts will be utilized for any resident transfers.</p> <p>j. The Undated Care Plan Policy provided by the Administrator on 03/14/2025, indicated, facility will develop and review the care plan of each resident.</p> <p>k. On 03/12/2025 at 12:03 PM, this surveyor spoke with Resident #2. Resident #2 indicated they could tell their shoulder was injured after the improper transfer. Resident #2 stated, The girl (CNA #1) was kind of rough with me and she does not work here anymore. Resident #2 indicated that [Resident #2] had heard they were having a lot of complaints about the CNA that hurt [Resident #2]. This surveyor asked Resident #2 where they were when CNA #1 helped the resident up and caused the injury. Resident #2 indicated [Resident #2] was in [Resident #2 's] wheelchair in [Resident #2 's] room and wanted to go to bed. Resident #2 indicated that CNA #1 did not use a gait belt and grabbed [Resident #2] under the arm and then it popped and hurt. Resident #2 demonstrated that CNA #1 grabbed their upper arm (left) under the shoulder, and then stated, it got a little broke. Resident #2 stated She (CNA #1) was helping me from the wheelchair to the bed and she (CNA #1) was rough. If she would have been careful it would not have happened.</p> <p>l. On 03/13/2025 at 9:25 AM, CNA #4 was asked how they know a resident needs one person or two-person assistance with transfers. CNA #4 indicated staff utilized the closet care plan. CNA #4 was asked how often the closet care plan was checked. CNA #4 stated Every day, because it can change. CNA #4 was asked if she had been in-serviced on transfers. CNA #4 stated Yes, less than 6 months ago. CNA #4 was asked how a resident that needed one person assistance should be transferred. CNA #4 stated With a gait belt.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Belvedere Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Park Ave Hot Springs, AR 71901	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>m. On 03/13/2025 at 9:38 AM, CNA #5 was asked how they know what care a resident might need. CNA #5 stated, I check the closet care plan in the resident ' s closet. CNA #5 was asked how they would know if a person needed one or two-person assistance with transfers. CNA #5 stated, Closet care plan. CNA #5 was asked how often she checked the closet care plan. CNA #5 stated Every day, because it can change. CNA #5 was asked if she had been in-serviced on transfers. CNA #5 stated Yes, a few months ago. CNA #5 was asked how a resident who needs one person assistance should be transferred. CNA #5 stated, With a gait belt.</p> <p>n. On 03/13/2025 at 9:50 AM, CNA #6 was asked how they would know what care a resident might need. CNA #6 stated Check the closet care plan. CNA #6 was asked how they would know if a resident needed one or two-person assistance. CNA #6 stated, By their care plan. CNA #6 was asked how often they checked a resident's closet care plan. CNA #6 stated, Every day, because it may change. CNA #6 was asked how a resident who needed one person assistance should be transferred. CNA #6 stated With a gait belt. CNA #6 was asked if she had been in-serviced on transfers recently. CNA #6 stated Yes, I think it was within the last month.</p> <p>o. On 03/13/2025 at 10:10 AM, CNA #3 was asked how much assistance Resident #2 needed with transfers. CNA #3 stated two-person assistance due to [Resident #2 ' s] arm. CNA #3 was asked how they would know what care a resident may need. CNA #3 stated I check the closet care plan. CNA # 3 was asked how often she checked the closet care plan. CNA #3 stated Every time I go into the resident's room, at least once a day. CNA #3 was asked if she had received any training recently. CNA #3 indicated that she had just been in-serviced on transfers a few weeks ago.</p> <p>p. On 03/13/2025 at 10:20 AM, CNA #2 was asked how much assistance Resident #2 needed with transfers. CNA #2 stated Resident #2 ' s plan says one, but if the resident was weak that day I will ask for more help. CNA #2 was asked how you should transfer a resident that is one person assistance. CNA #2 stated, With a gait belt. CNA #2 was asked if she had been in-serviced on transfers recently. CNA #2 stated, Maybe a week or two ago.</p> <p>q. On 03/13/2025 at 1:21 PM, the Director of Nursing (DON) was interviewed and indicated she started on 01/27/2025. The DON was asked how staff know what care a resident needed. The DON indicated staff had the closet care plan in the room to refer to, they are in each resident room. The DON was asked how they [staff] find that out (to utilize the closet care plans). The DON indicated staff were trained when hired to always refer to closet care plan. The DON was asked who updated the closet care plans. The DON indicated that the Assistant Director of Nursing (ADON) did, anytime a change was made. The DON was asked when staff should check a closet care plan, and indicated before any care was given to a resident. The DON was asked how much assistance Resident #2 needed for transfers. The DON indicated that Resident #2 needed 1 person assistance, then indicated it was based on a resident ' s care plan. The DON also indicated that she had the department supervisors go around each day and check 5 closet care plans per day to audit and make sure the closet care plans were current and in place. The DON was asked who determined if a resident was a one person or two-person transfer. The DON indicated Physical Therapy. The DON indicated that she monitored ten transfers a day to make sure they are done correctly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Belvedere Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Park Ave Hot Springs, AR 71901	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>r. On 03/13/2025 at 3:15 PM, the Administrator (AD) indicated that he was advised of the situation with Resident #2 by phone. The AD indicated that his on-call supervisor called him, but he could not remember who was on-call that night. The AD indicated that he was told a resident was hurt due to an improper transfer. The AD indicated that he called his consultant and then he went to the facility. The AD indicated that CNA #1 self-reported that she transferred Resident #2 without a gait belt. The AD indicated that he called the police and notified the family and the doctor. The AD indicated that he watched the cameras to see if he could observe anything. He indicated that cameras were in the halls but not in the rooms and that he did not see anything. The AD indicated that the DON started abuse and neglect in-services that night. The AD indicated that CNA #1 was suspended immediately that night, pending investigation. He indicated that there was no need to just suspend CNA #1, due to her self-reporting that she transferred resident improperly without using a gait belt, so she was terminated that night.</p> <p>s. On 03/13/2025 at 3:18 PM, the Nurse Consultant (NC), advised that the previous Director of Nursing (PDON) had started a monitoring program for transfers, right after this incident and she checked as of 03/11/2025, it was still in place with the current DON. The NC also indicated that they had done a QAPI (Quality Assurance and Performance Improvement) on the improper transfer and injury.</p> <p>The facility provided the following evidence of corrective actions that were initiated after the incident, but prior to the Complaint Survey:</p> <ol style="list-style-type: none"> 1. Record of in-service dated 01/09/2025, titled Abuse, Neglect, Misappropriation and Exploitation with attached policy Abuse, Neglect, Misappropriation and Exploitation Investigation & Reporting Policy attached for staff to read. 2. Form titled Transfers provided by the DON, showing where transfers have been monitored since 01/09/2025 to make sure they are being done correctly. <ul style="list-style-type: none"> 01/08/25 - 01/23/25 30 transfers a day were observed. 01/24/25 - 02/06/25 20 transfers a day were observed. 02/07/25 - 03/14/25 10 transfers a day were observed. 3. Quality Assurance and Performance Improvement (QAPI) meeting minutes for 01/31/2025 were provided by the DON. It shows that the Reportable was discussed and monitoring system had begun for monitoring system of proper gait belt transfer with CNA's weekly. 4. Employee Timesheet for CNA #1 was provided by the Administrator to show that CNA #1 was not showing time after 01/08/2025. It shows CNA #1 clocked out at 10:15 PM on 01/08/25. 		