STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045463	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belvedere Nursing and Rehabilitation Center, LLC	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, interview, record review, and facility policy review, it was determined the facility failed to have adequate interventions in the resident's care plan, for non-compliant behaviors, with a resident with a history of nicotine dependence (Resident #9) out of 4 residents reviewed for accidents and adequate individualized care plans.Based on observations, interview, record review, and facility policy review, it was determined that the facility failed to develop and implement a comprehensive care plan for one (Resident #9) out of four residents reviewed. Specifically, to ensure the resident's care plan addressed non-compliant behaviors related to a history of nicotine dependence and bringing electronic cigarettes (vapes) into the facility. The findings include: Review of Resident #9's admission Record revealed the facility admitted Resident #9 on 03/17/2026 with diagnoses which included malignant neoplasm of the brain, anxiety, pneumonia, and nicotine dependence with withdrawal. Review of Resident #9's admission Minimum Data Set (MDS) with an Assessment Reference Date of 03/30/2026, revealed Resident #9 had a Brief Interview of Mental Status score of 13 which indicated Resident #9 was cognitively intact. Review of Resident #9's electronic health record did not reveal a smoking assessment that would indicate the resident had been assessed as being able to safely utilize electronic cigarettes (vapes). During an observation and concurrent interview on 05/04/2026 at 4:21 PM, Resident #9 was lying in bed, and this surveyor observed Resident #9 searching the bed and covers. Resident #9 stated they were looking for a black vape. Medication Aide-Certified (MAC) #1 entered the room and assisted Resident #9 to search for the black vape. MAC #1 indicated that the black vape was not charged, placed the black vape onto a charger, and handed Resident #9 an orange-colored vape device. The MAC #1 indicated that the device was an actual vape. Review of Resident #9's Care Plan initiated on 03/17/2026, revealed Resident #9 was nicotine dependent and was at risk for complications from nicotine, but the resident's history of repeatedly being found in possession of electronic cigarettes (vapes) was not addressed. Specifically, there were no interventions providing guidance to staff on how to address noncompliant behaviors related to the facility's smoking policy (such as educating the resident/resident's family or confiscating such devices). Information on the continued practice of Resident #9's family bringing vapes into the facility, or the need for increased scrutiny in ensuring unsafe devices were identified and removed as needed to eliminate accident hazards. (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
	045463	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belvedere Nursing and Rehabilitation Center, LLC	2600 Park Ave Hot Springs, AR 71901

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/06/2026 at 9:20 AM, Certified Nurse Aide (CNA) #2 indicated that the facility was non-smoking, which included electronic cigarettes (vapes) and denied knowledge of Resident #9 having a vape. CNA #2 also indicated that if she were to find a vape, she would notify the nurse and/or Director of Nursing (DON), because the vape should not be in Resident #9's possession. During an interview on 05/06/2026 at 9:38 AM, Licensed Practical Nurse (LPN) #3 indicated that Resident #9's spouse would frequently bring the resident vape devices. During an interview on 05/06/2026 at 4:20 PM, Social Services (SS) indicated that the facility was a non-smoking facility and residents in the building should not have vapes. SS also indicated that staff should not be assisting residents with vapes and should instead report the vape(s) to the Administrative team so the vape(s) could be confiscated. During an interview on 05/07/2026 at 9:23 AM, the MDS Coordinator indicated she was ultimately responsible for adjusting care plans. The MDS Coordinator added that staff knew how to care for a resident by reviewing the closet care plan, located inside a resident's closet door, that was formed from the care plan located in a resident's electronic medical record. The MDS Coordinator reviewed Resident #9's care plan and could not locate interventions regarding vaping, or the non-compliant behaviors of Resident #9 in relation to vaping in the care plan. During an interview on 05/07/2026 at 11:10 AM, the DON indicated that the facility was a non-smoking facility, which included vapes. The DON stated, interventions related to vaping do not need to be in the Care Plan since it is a non-smoking facility. The DON also indicated that instead of MAC #1 assisting Resident #9 with the vape devices, the devices should have been reported to the nurse on the floor and then confiscated. During an interview on 05/07/2026 at 11:36 AM, the Administrator indicated that the facility was a non-smoking facility, which included vapes. The Administrator also stated that interventions related to behaviors with non-compliance of vaping should be in a resident's Care Plan, if there was a tendency for vapes to be brought in by family/significant others, like Resident #9. During a follow-up interview and observation on 05/07/2026 at 12:05 PM, the Administrator exhibited a box of vape devices that contained four black-colored vape devices, one orange-colored vape device, and one green-colored vape device. The Administrator stated that all of the vape devices had been confiscated from Resident #9. The Administrator was able to show that the devices had a place to plug in a charger. Review of a Staff In-Service performed following the surveyor's observations, dated 05/05/2026, revealed, if a vape is found in a resident's room, please notify your nurse, social, DON, or Associate Director of Nursing (ADON). No resident is allowed to have a vape or smoke in facility. Review of an excerpt from a facility admission Packet undated revealed Smoking is not permitted in the Facility and The Resident and/or Responsible Party accept full responsibility and absolves the Facility, its personnel, and the attending physician of responsibility for any fires, burn, or other accidents occurring as a result of the Resident smoking while the Resident is in bed, in the Resident's room, or in any other areas in the Facility.