

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Superior Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 625 Tommy Lewis Dr Conway, AR 72033	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>48630</p> <p>Based on record review, observations, and interviews, it was determined that the facility failed to accurately assess the resident and code the Minimum Data Set (MDS) to reflect the use of position change alarms for 1 (Resident #54) of 1 resident reviewed for position change alarms on the MDS.</p> <p>Findings include:</p> <p>A review of the Order Summary Report, indicated the facility admitted Resident #54 with diagnoses that included Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>The 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/18/2024, revealed Resident #54 had a Brief Interview of Mental Status (BIMS) score of 11 which indicated the resident had moderate cognitive impairment. Under section P, restraints and alarms were coded as not used.</p> <p>A review of Resident #54's Care Plan, initiated, revealed the resident was at risk for falls related to muscle wasting and atrophy, weakness, and gait abnormalities. Interventions did not include pressure change alarms.</p> <p>During an observation on 04/30/2024 at 11:15 AM, pressure change alarms were in place on Resident #54's bed, chair, and under the resident.</p> <p>During an observation on 05/01/2024 at 10:00 AM, pressure change alarms were in place on Resident #54's bed, chair, and under the resident.</p> <p>During an observation on 05/03/2024 at 10:32 AM, pressure change alarms were in place on Resident #54's bed, chair, and under the resident.</p> <p>During an interview on 05/03/2024 at 11:11 AM, the Assistant Director of Nursing (ADON) stated that when a resident is prone to be at risk for falls, they put alarms in place as an intervention. The ADON confirmed that alarms were not coded on the MDS, and that the MDS is coded to reflect the resident care.</p> <p>During an interview on 05/03/2024 at 12:11 PM, the MDS Coordinator confirmed that alarms were not coded on the MDS and that it would need to be modified to reflect they are in place.</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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<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>48630</p> <p>Based on record review, observations, and interviews, it was determined that the facility failed to initiate on the care plan, goals, and interventions to be in place for a resident with the use of position change alarms for 1 (Resident #54) of 1 resident reviewed for position change alarms on the care plan.</p> <p>Findings include:</p> <p>A review of the Order Summary Report, indicated the facility admitted Resident #54 with diagnoses that included Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>The 5-Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/18/2024 revealed Resident #54 had a Brief Interview of Mental Status (BIMS) score of 11 which indicated the resident had moderate cognitive impairment. Under section P, restraints and alarms were coded as not used.</p> <p>A review of Resident #54's Care Plan, initiated, revealed the resident was at risk for falls related to muscle wasting and atrophy, weakness, and gait abnormalities. Interventions did not include pressure change alarms.</p> <p>During an observation on 04/30/2024 at 11:15 AM, pressure change alarms were in place on Resident #54's bed, chair, and under the resident.</p> <p>During an observation on 05/01/2024 at 10:00 AM, pressure change alarms were in place on Resident #54's bed, chair, and under the resident.</p> <p>During an observation on 05/03/2024 at 10:32 AM, pressure change alarms were in place on Resident #54's bed, chair, and under the resident.</p> <p>During an interview on 05/03/2024 at 11:11 AM, the Assistant Director of Nursing (ADON) stated that when a resident is prone to be at risk for falls, they put alarms in place as an intervention. The ADON confirmed that alarms were not addressed on the care plan and confirmed that the care plan and tasks should be updated as soon as alarms are put into place. The ADON also included that it's the unit manager's responsibility to ensure the care plan is updated based on follow-up observations.</p> <p>During an interview on 05/03/2024 at 11:35 AM, Licensed Practical Nurse (LPN) #1 confirmed that alarms are in place at this time and have been for at least a couple months, but they were not addressed on the care plan.</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50682</p> <p>Based on observations, record review, and interview, the facility failed to ensure necessary foot/toenail treatment and care was provided to keep toenails trimmed and dry and to prevent flaky skin to decrease the potential for foot complications for 1 (Resident #367) of 1 sampled resident who was dependent on staff for foot/toenail care.</p> <p>The findings are:</p> <p>Resident #367 had a diagnosis of cellulitis of the left lower limb.</p> <p>The Nursing Admission assessment dated [DATE] documented Resident #367 had a Brief Interview for Mental Status (BIMS) score on 10 (8-10 indicates moderately impaired) and required partial/moderate assistance with shower/bathing and partial/moderate assistance with putting/taking off footwear.</p> <p>a. On 05/01/2024 at 09:05 AM, Resident #367 was lying in bed with both feet uncovered. Dry, scaly, and flaky skin was observed on both feet. The toenails on the right foot (the second, third and fourth toes) and the toenails on the left foot (third and fifth toes), were noted to be 1/4 inch over the tip of the toes. A string from the bedspread was observed to be hung on the resident's right third toenail.</p> <p>b. On 05/02/2024 at 09:47 AM, Resident #367 was sitting up in a chair at the bedside. Resident #367 had on a pair of house shoes with both feet on the floor. Certified Nursing Assistant (CNA) #1 was asked to accompany the surveyor to Resident #367's room.</p> <p>c. On 5/02/2024 at 09:47, CNA #1 said Resident #367 had a shower on Tuesday and that she usually puts lotion on both of Resident #367's feet after a shower and do a stop and watch to notify the nurse of the condition of Resident #367's feet but stated she hasn't done it yet. CNA#1 said she told the treatment nurse on Tuesday. CNA#1 said she could have trimmed Resident #367's toenails because Resident #367 wasn't a diabetic. CNA #1 said Resident #367's toenails needed trimming.</p> <p>d. On 05/02/2024 at 10:28 AM, Treatment Nurse #1 described Resident #367's feet as extremely dry and scaly with concern to the left big toe tip and the right inside of the heel with a blanchable fluid filled blister under a callous.</p> <p>e. On 05/02/2024 at 01:52 PM, the Assistant Director of Nursing (ADON) described Resident #367's feet with a lot of dry skin, mushy heels and not much blood flow. The ADON said Resident #367's toenails on the right foot, the second, third and fourth toes and the toenails on the left foot, third and fifth toes needed to be trimmed.</p> <p>f. On 05/02/2024 at 01:54, the Director of Nursing (DON) said a nursing assessment was done upon admission but should have included the feet. The DON described Resident #367's feet as dry and scaly with poor blood circulation to both feet.</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>g. On 05/02/2024 at 3:30 PM, the Administrator was asked for a policy on ADL (activities of daily living)/nail care, admission assessments, and prevention of skin breakdown on feet. The Administrator said there were no policies.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44852</p> <p>Based on observation and interview, the facility failed to ensure food items were used prior to their use by date, and food items, utensils and dishes and were stored in a manner to limit cross contamination.</p> <p>The findings are:</p> <p>On 04/30/2024 at 9:25 AM, two 5 pound bags of shredded mozzarella were observed on the top shelf of the walk-in refrigerator. One bag had a use by date of 02/14/2024 and one bag had a use by date of 03/19/2024. The second bag had a greenish spot located on the cheese that was approximately 1.5 to 2 inches wide.</p> <p>On 04/30/2024 at 9:27 AM, a 1/2 full, 2 pound package of sliced turkey, was located in a storage bag that was not sealed. Located on the same shelf was a bag containing a ham sandwich with a use by date of 4/29/24. When asked how food should be stored the Dietary Manager verbalized the importance of ensuring food is stored in a sealed container and used before the expiration date.</p> <p>On 04/30/2024 at 9:35 AM, 2 large stainless-steel bowls were observed to be nested on the bottom shelf of a rolling dish rack. A large pot was resting inside the top bowl. All three items were stored right side up. On the second shelf from the bottom there were 4 stacks of small bowls. Each stack was sitting with the top side up, exposing the inside of the bowl to contaminants. On the bottom of a rolling shelving unit, 3 large plastic pitchers were observed to be sitting right side up, along with a small pitcher which was also right side up exposing the inside of the items to contaminants.</p> <p>On 04/30/2024 at 9:30 AM, 3 large square containers of cereal were observed on a top shelf in the dry storage area. Each container had one corner of the lid that was not secured exposing the contents to air and contaminants. Upon observation the Dietary Manager secured the corners of the containers and the corners of the containers.</p> <p>On 04/30/2024 at 9:35 AM, the reach in ice cream freezer was observed to have debris on the bottom.</p> <p>On 05/03/2024 at 9:10 AM, 6 large plastic pitchers were observed in the refrigerator. The lids were turned to open exposing the contents to air and contaminants. The Dietary Manager said 3 of the pitchers contained house shakes and 3 contained tea. The Dietary Manager expressed that the container lids should have been turned to close.</p> <p>On 05/03/2024 at 9:13 AM, the reach in ice cream freezer was observed with a variety of debris (white food particles, paper, and frozen liquid) on the bottom.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/03/2024 at 10:01 AM, the Administrator provided a policy titled, Food Storage. The policy stated that food was stored and prepared in a clean safe sanitary manner that complies with state and federal guidelines. The procedure describes food storage as clean, organized, and free of dirt. The containers for bulk items are leak-proof, non-absorbent, sanitary and have tight fitting lids. All food not in original containers will be labeled, dated, and stored in National Sanitation Foundation approved containers.</p>