STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045475	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Health & Rehab of Newton County	610 East Court Street Jasper, AR 72641

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 42016 Based on observations, interviews, record review, and facility policy review, the facility failed to ensure a resident who required moderate assistance with bathing, was regularly offered a bath or shower to maintain good hygiene for 1 (Resident #22) of 17 sampled residents reviewed for activities of daily living (ADLs). Findings included: A review of a facility policy titled, Resident Showers, dated 01/18/2024, indicated, to maintain proper hygiene, stimulate circulation and prevent skin issues pursuant to current standards of practice, residents would receive showers per request or as scheduled. Staff were to assist resident to and from the shower room, positioning, removing and putting on clothing, adjusting water temperature, providing assistance with washing, as needed, and resident safety during and after the shower. A review of the Admission Record, indicated the facility admitted Resident #22 with diagnoses that included dementia, psychosis, lung disease, fecal abnormalities, and urinary elimination problems. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/17/2024, revealed Resident #22 had a Brief Interview for Mental Status score of 15 which indicated the resident was cognitively intact and required partial to moderate assistance with showering/bathing and supervision/touch assistance with tub/shower transfers. A review of Resident #22's care plan revised 09/11/2024, revealed the resident had an ADL self-care performance deficit related to dementia. Interventions included pat dry, avoid scrubbing sensitive skin, provide sponge bath when full bath or shower could not be tolerated, encourage resident to participate to the fullest extent possible, cue, reorient, supervise, and keep routine consistent to decrease confusion. A review of Order Summary, did not address showering/bathing for Resident #22. A review of Treatment Administration Record, did not reveal monitoring for showering or bathing for Resident #22. (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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of an Activity of Daily living task Bathing, dated 10/15/2024 through 11/12/2024 revealed, Resident #22 had 9 entries dated 10/15/2024, 10/21/2024 x 2, 10/24/2024, 10/29/2024, 11/04/2024, 11/05/2024, 11/11/2024 and 11/12/2024, that activity did not occur or family and / or non-facility staff provided care 100% of the time; 4 entries dated 10/18/2024, 10/29/2024, 10/29/2024, 10/31/2024, and 11/01/2024 indicated Resident #33 was independent and no help was provided; 2 entries 10/22/2024 and 11/03/2024, that indicated supervision was oversite help only; 1 entry dated 11/04/2024 indicated physical help in part of bathing activity; and 1 entry dated 10/16/2024 indicated Resident #22 was totally dependent. A review of the Shower List, dated October 2024 revealed Resident #22 received a shower on 10/04/2024, 10/07/2024, 10/11/2024, 10/13/2024, 10/14/2024, 10/16/2024, 10/19/2024, 10/24/2024, 10/29/2024 and 10/31/2024. On 10/09/2024 and 10/10/2024 revealed an R. A review of an untitled document, dated 09/27, attached to the shower list, indicated the day as Monday and Thursday, Resident #22, line dated 09/30 and was initialed. A review of an untitled document, dated 10/02, attached to the shower list, indicated the day as Monday and Thursday, Resident #22 contained no notation. A review of an untitled document, dated 10/05 and 10/06, attached to the shower list, indicated the day as Monday and Thursday, Resident #22 line had an R circled. A review of an untitled document, dated 10/07, attached to the shower list, indicated the day as Monday, Resident #22, line dated 10/7 and was initialed. A review of an untitled document, dated 10/09/2024, attached to the shower list, indicated the day as Monday and Thursday, Resident #22 contained no notation. A review of an untitled document, dated 10/13/2024, attached to the shower list, indicated the day as Monday and Thursday, Resident #22, line had an R circled. A review of an untitled document, dated 10/15, attached to the shower list, indicated the day as Monday and Thursday, Resident #22, line dated 10/16 and was initialed. A review of an untitled document, dated 10/19 attached to the shower list, indicated the day as Monday and Thursday, Resident #22, line dated 10/19 and was initialed. A review of an untitled, undated document, attached to the shower list, indicated day as Monday and Thursday, Resident #22 dated 10/24 and was initialed. A review of an untitled document, dated 10/28/2024, attached to the shower list, indicated the day as Monday and Thursday, Resident #22, line dated 10/29 and was initialed. The Administrator did not provide the requested November shower list. A review of the Behavior Monitoring task revealed No Data Found for the past 14 days. A review of the Behavior Interventions task revealed No Data Found for the past 14 days. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/14/2024 at 12:01 PM, Resident Representative stated Resident #22 was to receive showers twice a week and had only been receiving one every 6 days and the last shower was on Saturday (11/09/2024). During an interview on 11/14/2024 at 5:36 PM, the Administrator stated when showers were given to residents during the hot water heater repairs, staff took residents to the other shower room located on 300 hall. During an interview on 11/15/2024 at 3:05 PM, the Administrator stated the R on the shower list meant the resident refused a shower.