STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on record review and interview, the facility failed to ensure residents were not subjected to abuse or misappropriation of their property and failed to ensure the right for privacy for 1 (Resident #5) of 13 residents reviewed for misappropriation. Specifically, Resident #5's mail was opened, and a check for $56,481.00 was deposited into a facility checking account without the resident's knowledge or consent. The findings include: Resident #5 Review of Resident #5's Medical Diagnosis Report, revealed medical diagnoses which included spinal stenosis (narrowing of that causes nerve pain, numbness and weakness of the legs and buttocks), insomnia, and depression. Review of Resident #5's quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] 03/18/2026 suggested a Brief Interview for Mental Status [BIMS] score of 15, which indicated the resident was cognitively intact. During an interview on 05/01/2026 at 11:55 AM, Licensed Practical Nurse [LPN] #3 reported that the Administrator had taken $56,000.00 from Resident #5 and had paid back $1000.00. Resident #5 was reported as having told LPN #3 the resident was sad and disappointed that the Administrator took the money. During an interview on 05/01/2026 at 12:44 PM, Resident #5 revealed a check from Social Security Disability [SSD] was mistakenly deposited into a facility bank account in July of 2025, and Resident #5 was being paid $1000.00 per week by the Administrator. Resident #5 revealed not having anything in writing regarding the missing money. Resident #5 showed this surveyor a picture of the front and back of a cancelled check made payable to Resident #5 in care of the facility. The back of the check was stamped Pay to the order of [named] bank, and stated, For Deposit Only [named] facility. The check was deposited into account ending in 43, identified by Administrator as the facility's Medicaid account. Resident #5 reported having begun asking questions regarding the missing money at the end of March 2026, and a copy of the cancelled check was sent to Resident #5. During an interview on 05/01/2026 at 3:32 PM, the Administrator stated an SSD check was mistakenly deposited into a facility bank account, and Resident #5 was being paid back $1000.00 per week. We got a check and I thought it was ours for insurance. The Administrator provided a letter stating $56,481.00 was mistakenly deposited into a facility account and the facility would pay $1000.00 a week until paid in full. The document stated Resident #5 owed the facility $39,261.44 but (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
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the facility was unable to produce an accounting of that total. During an interview on 05/06/2026 at 8:46 AM, the MDS Coordinator revealed that when the Administrator was on vacation the MDS Coordinator provided coverage at the facility. The MDS Coordinator revealed they had opened Resident #5's mail without the resident's knowledge or permission, then called the Administrator and was told to stamp a check included in the resident's mail made out to Resident #5 and deposit the check into a facility checking account. The MDS Coordinator stated the check for $56,481.00 was made out to the facility for Resident #5 and looked like an insurance check. The MDS Coordinator was shown a copy of the front and back of the cashed check and revealed the check was made out to Resident #5 in care of the facility, and confirmed this was the check the MDS Coordinator sent to the bank for deposit into a facility account. The MDS Coordinator stated Resident #5 had been asking for an unknown amount of time if the resident had gotten anything in the mail, and confirmed that Resident #5 was not told that a SSD check for $56,481.00 had been received in the mail. During an interview on 05/06/2026 at 1:25 PM, the Administrator stated that a resident with a BIMS of 15 was entitled to know an SSD check made out to them had been received by mail at the facility. The Administrator stated the facility should only open resident mail if the family had given permission and revealed that some residents lack capacity and family would like cards and stuff to be opened and read to them. Review of the Administrator Job Description, signed 4/01/2006, revealed the Administrator was to create a warm, calm environment in the facility, report known or suspected fraud related to false billing, receipt/payment of kickbacks, ensure resident rights to fair treatment, privacy, property and self-determination, and ensure resident funds are managed according to state and federal regulations and guidelines. Review of Resident Rights, dated 2017, revealed residents have the right to be informed of all services available and all cost including charges covered by Medicaid, Medicare and the daily per diem basic rate, to be free of physical, verbal, mental, sexual, involuntary seclusion, and corporal punishment, and to receive private mail. Review of an in-service titled Abuse, dated 02/17/2026 and given by Registered Nurse [RN] #2, revealed financial abuse occurs when someone steals or manipulates an older person to get money from them. This includes stealing resident cash, credit cards or valuables and can be just as damaging as other types of abuse, can cause anxiety and can prevent residents from having the money they need to pay for long term care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to act as a fiduciary (Person or organization legally obligated to manage someone else's property or money) of resident funds by safeguarding and managing Medicaid resident funds for five (Resident #5, #8, #9, #10, and #13) of five residents reviewed. The findings include: A review of Clinical Resident Profile, indicated the facility admitted Resident #5 to the facility on [DATE] with diagnoses that included narrowing of the lumbar spinal canal with pain, weakness in the legs, incomplete spinal cord injury at the 7th cervical vertebrae, and adjustment disorder. A review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [DATE], revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. A review of Resident #5's Care Plan Report, initiated on [DATE], revealed the resident was independent for meeting emotional, intellectual, physician and social needs. Interventions included notifying resident of preferred activities, converse with resident to degree of intellectual functioning, and invite the resident to participate in all activities. Potential for adverse reaction to psychotropic medication. History of adjustment disorder with depressed mood. Monitor and document side effects including depression, hopelessness, negative statements, changes in appetite, and emotional distress. Notify MD of resident withdrawal from social interaction. A review of an attorney hearing reminder letter dated [DATE], located in Resident #5's electronic health record, indicated Resident #5 had a Social Security Hearing scheduled for [DATE] at 2:00 PM. A review of the front and back of the United States Treasury check, received by the facility, was dated [DATE], payable to Resident #5 in care of the facility, in the amount of $56,481.00 dollars, had a notation in the bottom left that indicated SOC SEC FOR INS. The back of the check included an endorsement Pay to the Order of [name of bank with account number] For Deposit Only [facility name and account number]. During an interview on [DATE] at 12:44 PM, Resident #5 stated that a social security disability check belonging to them in the amount of $56,481.00 was mistakenly deposited into a facility owned bank account in July of 2025. The MDS Coordinator was aware the check was received by the facility when Resident #5 showed the MDS Coordinator a copy of the check provided by Resident #5's attorney. Resident #5 stated the Administrator explained this was a mistake and would pay Resident #5 $1,000.00 a week over 56 weeks or until the funds were repaid. This created a loan without interest for the facility. Resident #5 expressed feelings of sadness and disappointment regarding how the incident was being handled. On [DATE] at 9:30 AM, the Administrator was requested to provide a general ledger showing charges for Resident #5, including bed charges. During an interview on [DATE] at 10:46 AM, the Administrator provided a Ledger Account Cash Journal from [DATE]-[DATE]. The Administrator verbalized that Resident #5 owed the facility (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	around $39,000.00. The Ledger did not show bed charges, or an outstanding balance of $39,000.00, and the Administrator stated there had not been a discussion with Resident #5 regarding any past due balance. The Administrator stated the electronic system used by the facility for accounting was never correct for the facility, so accounting was done on paper. During a second interview on [DATE] at 12: 15 PM, the Administrator stated only two residents had a Resident Trust Account, but there were others that have their check sent to the facility and the family comes and gets their $40.00 and buys what they need. The Administrator stated, Nobody signs when picking up a residents' checks. A review of a facility document titled, Care Plan Report, with a revision date of [DATE], revealed Resident #13 was admitted on [DATE] with diagnoses of hypertension, malignant melanoma of scalp and neck, diabetes, and chronic obstructive pulmonary disease. Resident #13's preferred activities included bingo. A review of Progress Notes, dated [DATE] at 02:40 AM, indicated Resident #13 was pronounced deceased by hospice at 10:19 PM. During a third interview on [DATE] at 1:15 PM, the Administrator said bingo and game winnings as well as receipts and change from resident purchases are placed in resident envelopes. The Administrator revealed Resident #13 passed away and had $47.00 in $1.00 bills. Resident #13's family had left a lot of things behind, and a long time had gone by, and the Administrator stated she took the $47.00 and instructed the Activity Director to put Resident #13's money into the bingo fund. Then, days later a relative came and picked up an envelope belonging to Resident #13 that had $12.00, so resident must have had more than one envelope. A review of a facility document titled, Care Plan Report, with a revision date of [DATE] indicated Resident #8 was admitted to the facility on [DATE]. A review of a facility document titled, Medical Diagnosis, undated revealed Resident #8 had diagnoses that included cerebral palsy, diabetes, and mild intellectual disability. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [DATE], revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 9 which indicated the resident had moderate cognitive impairment. Resident #8 required substantial/maximal assistance with upper body dressing and was dependent upon staff for all other care. A review of a facility document titled, Care Plan Report, with a revision date of [DATE] indicated Resident #9 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [DATE], revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #9 required set-up assistance with eating, and oral hygiene, was independent with upper body dressing, personal hygiene and toileting; required partial to moderate assistance with lower body dressing. Diagnoses included anxiety disorder and dementia, A review of a facility document titled, Care Plan Report, with a revision date of [DATE] indicated Resident #10 was admitted to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [DATE], revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated Resident #10 had moderate cognitive impairment. Resident #10 required partial to moderate assistance with oral hygiene, bathing, upper body dressing and personal hygiene; was dependent on staff for toileting and lower body dressing; and required set-up assistance for eating. Diagnoses included depression and dementia. During a concurrent observation and interview on [DATE] at 3:37 PM, revealed envelopes for Residents #8, #9, and #10 had a total indicated on the outside of the envelope, and a lower updated total written below, with no entries of fund removal. Resident #8's envelope had a total written as $355.82, an entry of 5.00 Easter below the total, and a line under the total with Updated $47.57 + 25 GC. Activities stated the notation of 25 GC was a $25.00 Walmart gift card. Resident #9's envelope had a total written of $128.40, with Updated $105.45 and $3.50. Resident #10's envelope had a total written of $112.75, and a line under the total with $92.00 – updated, and .25. Activities was asked to count the money in each of the residents' envelopes and confirmed the amount in Resident #8's envelope was 47.57 and contained a Walmart gift card; Resident #9's envelope contained $108.90; Resident #10's envelope contained $93.00. Activities had no knowledge of where the residents' missing money was. During an interview on [DATE] at 6:20 AM, LPN #1 stated that envelopes containing resident funds were locked in a metal box in the medication room and, contained the $40.00 given to residents monthly, and bingo winnings. LPN #1 revealed a total was documented on the outside of the envelope documenting money being deposited or removed from a resident's envelope. LPN #1 said, if family or staff took money out to purchase items for residents, they were to return the receipts with change and nursing staff would add the change back on the outside of the residents' envelope. LPN #1 revealed that several envelopes found in the box, did not have an accurate accounting of said funds. Surveyors later determined the envelopes belonged to Resident #8, Resident #9, and Resident #10. Review of a facility policy titled, Resident Trust Fund Policy and Procedure, with an effective date of 2017, indicated, the policy applied to all employees involved in the handling, processing, or oversight of the trust funds. The purpose of the policy was To ensure proper management, documentation, and safeguarding of residents' personal funds held in trust by the facility, in accordance with applicable laws and regulations. The policy statement indicated the facility would maintain resident trust accounts for resident personal funds, acting as the fiduciary, and shall manage the funds responsibly, ethically, and in compliance with all relevant legal and regulatory requirements. Resident Trust Fund was defined as a non-interest-bearing or interest-bearing account held by the facility on behalf of a resident for personal use. The fiduciary responsibility was defined as legal obligation to manager funds in the best interest of the resident. The procedures indicated an individual ledger/electronic record must be maintained for each resident's funds, monthly statements would be provided, and all deposits, withdrawals, balanced and transparency would be ensured by the facility. Monthly auditing would be conducted by the finance department or designee, and annual audits would be performed by independent party or internal auditor. Security and safeguards included all funds to be stored in a secure, locked location or managed via secure financial software, and handled and accessed by authorized personnel. Oversight compliance and auditing were the responsibility of the Administrator, day-to-day management of fund operations was the responsibility of the business office manager, and staff were to ensure proper documentation and safeguarding of resident funds. Review of the facility's undated policy titled, Resident Rights, indicated each resident in the facility (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	had the right to be informed of all services and costs included the basic per diem rate; manage their personal affairs, or if this is delegated, receive an accounting every 3 months upon request; be free of verbal, mental, sexual, corporal punishment, involuntary seclusion, and physical abuse; and receive private mail.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on record review and interviews the facility failed to ensure a system was in place to provide a complete and separate accounting of each resident's personal funds according to accounting principles, to ensure there was no comingling of resident funds with facility funds or that of other residents, affecting 4 (Resident #5, #8, #9, and #10) of 13 residents reviewed for misappropriation of property. The findings include: During an interview on 05/05/2026 at 3:15 PM, Licensed Practical Nurse [LPN] #3 revealed there was a lock box in the medication room containing envelopes of resident owned bingo money and money families can leave with nursing staff for their resident. During an interview on 05/06/2026 at 6:20 AM, LPN #1 stated that envelopes containing resident funds were locked in a metal box in the medication room and contained the $40.00 given to residents monthly, and bingo winnings. LPN #1 revealed a total was documented on the outside of the envelope documenting money being deposited or removed from a resident's envelope. LPN #1 said, if family or staff took money out to purchase items for residents, they were to return the receipts with change and nursing staff would add the change back on the outside of the residents' envelope. LPN #1 revealed that several envelopes did not have an accurate accounting of said funds. Review of envelopes for Resident #8, #9, and #10 showed accounting errors and incorrect balances. The envelopes reviewed contained the following funds and accounting of said funds: Resident #10's envelope contained $92.00 in cash, and $1.00 in change. Review of Resident #10's envelope accounting indicated on 03/20/2026 the beginning handwritten total was $97.50, following the total $1.25 was added for a total of $98.75; an entry titled holiday with $14.00 added to total $112.75. A total of $92 was counted in the envelope. An entry of Updated $92.00, $.25 with an addition of $20.00 dated 5/6/26, and a total of $112.75. No expenditure listed. Total missing was $20.50. No receipts were present in the envelope, per Activity Director. Review of the envelope for Resident #8 indicated a date of 04/10/2025 with a beginning balance of 306.82 cash and $25.00 [Named] Gift Card, on 04/10/2025. Entries did not have dates and included 1.75, 1.00, 2.00, (-20.00), 14.00, .75, 2.00, 2.00, .25, 1.25, 1.75, and 1.50 for a total of $316.82 on 07/11/2025. Additional entries without dates included 2.75, 1.00, 3.25, 3.75, 10.50, 5.00, 3.25, 6.50, 3.00, with a balance of $355.82, entry of 5.00 [holiday] and a line under the holiday entry, with Updated $47.57 + 25 GC. Activities stated the notation of 25 GC was a $25.00 [Named] gift card. Resident #9's envelope had a total written as $128.40, with Updated $105.45 and $3.50 written. Resident #9's envelope contained $104.00 in cash, and $4.90 in change, for a total of $108.90. No final total or expenditures were listed. Total missing was $19.50. No receipts were available, per the Activity Director. During an interview on 05/06/2026 at 8:46 AM, the Minimum Data Set [MDS] Coordinator revealed when the Administrator was on vacation the MDS would call the Administrator when a check came in and she would stamp the check and deposit the money in whichever account the Administrator (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated. The MDS revealed that Resident #5 received a Social Security Disability (SSD) check dated 07/20/2026, and the MDS was asked to deposit the resident's money in a facility checking account. During an interview on 05/06/2021 at 1:25 PM, the Administrator revealed that Medicaid dollars are deposited into an account ending in 43, and Social Security checks were deposited into account ending in 21. The Administrator responded, yes, when asked if Medicaid dollars had been comingled with business funds, and could not account for checks written because, errors were made. The Administrator stated, You can't tell, when asked where money in each facility account originated from. Review of the Administrator job description, signed 04/01/2026, revealed the Administrator would ensure resident fund management provided by the facility would be done according to state and federal guidelines, and using appropriate accounting practices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, facility document review, and facility policy review, the facility failed to ensure residents were protected from exploitation and failed to ensure resident funds were protected from misappropriation for four (Resident #5, #8, #9, and #10) of five residents reviewed for misappropriation of resident funds.It was determined the facility's noncompliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The immediate Jeopardy (IJ) was related to CFR S483.12(Freedom from Abuse, Neglect, and Exploitation) at a scope and severity of K. The IJ began on 07/30/2025, when facility staff opened and deposited a check belonging to Resident #5 into a bank account belonging to the facility without the resident's knowledge or permission, and utilized the funds belonging to Resident #5 for facility purposes. The Administrator and Director of Nursing (DON) were notified of IJ on 05/06/2026 at 1:25 PM. A removal plan was requested, but an acceptable plan of removal has not been provided to the State Agency, and the facility remains in IJ status.The findings include: Resident #5 Review of a Clinical Resident Profile, indicated the facility admitted Resident #5 to the facility on [DATE] with diagnoses that included narrowing of the lumbar spinal canal with pain, weakness in the legs, incomplete spinal cord injury at the seventh cervical vertebrae, and adjustment disorder. Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/18/2026, revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #5 required set up and clean up assistance with eating and oral hygiene; was independent with toileting, bathing and upper body dressing; required partial to moderate assistance with lower body dressing and personal hygiene; required substantial to maximum assistance with putting on and taking off footwear. Resident #5 required substantial and maximum assistance to stand from a sitting position and transfer from chair to bed; required partial to moderate assistance transferring to and from toilet; was independent rolling left to right, sitting on side of bed to laying position, and moving from laying position to sitting on side of the bed. Resident #5 utilized a wheelchair for mobility.Review of Resident #5's Care Plan Report, initiated on 06/13/2025, revealed the resident was independent for meeting emotional, intellectual, physician and social needs. Interventions included: notifying resident of preferred activities, converse with resident to degree of intellectual functioning, and invite the resident to participate in all activities. Potential for adverse reaction to psychotropic medication. History of adjustment disorder with depressed mood. Monitor and document side effects including depression, hopelessness, negative statements, changes in appetite, and emotional distress. Notify MD of resident withdrawal from social interaction.Review of an attorney hearing reminder letter dated 07/10/2024, located in Resident #5's electronic health record, indicated Resident #5 had a Social Security Hearing scheduled for 10/22/2024 at 2:00 PM.Review of the front and back of a United States Treasury check, received by the facility, was dated 07/25/2025, payable to Resident #5 in care of the facility, in the amount of $56,481.00 dollars, had a notation in the bottom left that indicated SOC SEC FOR INS. The back of the check included an endorsement Pay to the Order of [name of bank with account number] For Deposit Only [facility name] [account number].Review of the facility's July 2025 Bank Statement [Name of Bank and account number] revealed a deposit on 07/30/2025 in the amount of $56,481.00. No image was shown. Account balance at the time of the deposit was $16.83. Overdraft item fees year to date for this period were $320.00, and Total Year to Date was $1984.00. Return fees to date for this period was $0.00, and Total Year to Date was $160.00.Review of a Progress Note dated 09/18/2025 at 1:53 PM, revealed Resident #5 felt depressed, and was concerned about their physical disability and felt as if social security was clueless.Review of a Progress Note, communication with physician, dated 09/23/2025 at 9:24 AM, indicated Resident #5 voiced and showed increased symptoms of depression. The physician increased Resident #5's antidepressant.Review of an Order Summary Report, revealed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident #5 had medication that included [an antidepressant] 1 tablet by mouth daily related to adjustment disorder with depressed mood, with an end date of 03/04/2025. [An antidepressant] 1.5 tablet by mouth daily related to adjustment disorder with depressed mood, with an order date of 09/23/2025. Review of a Medication Administration Record, revealed Resident #5 had [an antidepressant] 1.5 tablets by mouth one time a day related to adjustment disorder with depressed mood, with a start date of 09/24/2025. Review of a Monthly Nursing Summary, dated 10/07/2025, indicated Resident #5 had a change in condition in the last 30 days that included Resident #5 was more isolated with a sleep pattern that was inconsistent. Review of a Progress Note, dated 03/24/2026, indicated Resident #5 is very sad and depressed, self-isolating, little interest in things that used to enjoy. Staff was unable to engage resident in activities or conversation.During an interview on 05/01/2026 at 12:44 PM, Resident #5 stated their money had gone missing, that they had applied for social security disability (SSD) in 2012, and were denied eight times, before being approved in 2025, and that they were waiting on the settlement check. Resident #5 was expecting the settlement to arrive by mail and asked the Administrator one to two times a week if the check had come in the mail or if they had seen a check for me. In February or March of 2026, Resident #5 reached out to the attorney who represented Resident #5 during the SSD hearing, and the attorney stated the settlement check should have been received because the attorney already received their portion of money. Social Security Disability said they sent a letter, but I never got the letter. I got ahold of the district representative for disability, cannot remember the name, and they emailed me saying that they had paid me. Resident #5 stated the Administrator apologized and said she had no idea a mistake was made, the check indicated, disability insurance, in the amount of $56,481.00, and the facility thought it was an insurance check and deposited the money into their (the facility's) account. The Administrator had voiced intent to pay back the money in increments of $1,000.00 per week, but there was no written agreement. Resident #5 stated, I do not want to get anyone in trouble, twice during this interview.During an interview on 05/01/2026 at 3:32 PM, the Administrator stated We got a check and I thought it was ours for insurance. I thought it was a back payment because [Resident #5] owes quite a bit and the check said insurance on it. We are paying [Resident #5] back $1000.00 a week. The Administrator stated there was a written agreement and would provide a copy.During an interview on 05/01/2026 at 3:50 PM, the Director of Nursing (DON) provided a copy of a typed statement showing Resident #5 was being paid $1000.00 weekly, with a copy of four checks made out to Resident #5 for $1000.00 each. The agreement was not dated and was not signed by Resident #5.During an interview on 05/01/2026 at 4:07 PM, the Administrator provided a copy of the agreement to pay back Resident #5, $1000.00 a week (SSD check was $56,481.00). The Administrator stated she was not the one that deposited the check and would not respond when asked who made the deposit. The Administrator stated there were no issues obtaining supplies, medications, food, or utilities for residents. The electronic heath records were not accessible due to a mix up on how the bill was paid, I thought payment was being taken from our bank account, access was restored when payment was made. This surveyor requested a general ledger for Resident #5 showing all charges and credits.During an interview on 05/04/2026 at 10:46 AM, the Administrator provided a facility document titled, Ledger Account Cash Journal dated from 07/01/2025 to 5/01/26. The Administrator stated Resident #5 owed around $39,000.00. The Administrator stated she had not discussed the $39,000.00 owed with Resident #5. The ledger did not reflect a debt of $39,000.00, or any balance owed. The Administrator stated the facility had not received a letter from SSD, for Resident #5. Resident #5 was, expecting this huge settlement in the hundreds of thousands of dollars, and I think that is another reason when we got the check, we thought it was our portion. The Administrator stated she handled the accounting and trust fund, and it was done on paper, (name of electronic health record) was never correct so we do it all on paper. During an interview on 05/05/2026 at 12:25 PM, the Administrator acknowledged Resident #5's settlement check was deposited into a facility account on 07/30/2025; and the funds were utilized for facility business. The facility did not have the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	funds to return Resident #5's money and continued to use the funds for the benefit of the facility. The Administrator stated this did constitute misappropriation of Resident #5's money.During a second interview on 05/05/2026 at 5:49 PM, Resident #5 stated upon learning four to five weeks ago the facility received the settlement check on 07/30/2025 and deposited the funds into a facility account, Resident #5 felt very surprised and depressed. Resident #5 described feelings of depression waxing and waning, which required increased antidepressants.During an interview on 05/05/2026 at 3:15 PM, LPN #3 stated she was aware of misappropriation of funds involving Resident #5's $56,481.00 dollars, and a lockbox with envelopes containing resident's money. When residents play bingo, they win a few dollars and the money goes into the envelope, and if family leaves money for the residents it is put in the envelope and the nurse writes the total on the outside of the envelope and initials the envelope. LPN #1 told LPN #3 money was missing from residents' envelopes, staff was paid incentive pay for working during a holiday and that was the only cash on hand. The nurse that removed the money should deduct the amount and write it on the outside of the envelope and the money was supposed to be replaced. LPN #3 was not aware of who was responsible to replace the funds in the envelopes.During a third interview on 05/05/2026 at 11:55 AM, Resident #5 stated the Administrator was told about the SSD check (being diverted to a facility account), and that to their knowledge no one had done an investigation, interviewed, or asked Resident #5 for a statement. During an interview on 05/05/2026 at 12:30 PM, the Administrator stated she was on vacation when she received a call from the Minimum Data Set (MDS) Coordinator asking about a check that was received and stated it had insurance on it. I thought that it was our payment. Resident #5 told me, The check was in the hundreds of thousands of dollars, I told the MDS Coordinator to deposit the check. The Administrator relayed that Resident #5 told LPN #15, The Administrator stole my money. The Administrator stated she told Resident #5 she could not just come up with fifty-six thousand dollars, and started paying $1,000.00 a week. I did not get the letter from disability; the letter did not have our address on it. It was not clear that the check was for disability. The Administrator did not know how long Resident #5 was waiting on the check, and stated Resident #5 had asked about the check arriving in the mail. We all knew Resident #5 was waiting for a check and thought it would be a huge lump sum. The way the check was presented I thought it was back pay that Resident #5 owed me.During a fourth interview on 05/05/2025 at 5:49 PM, Resident #5 stated the medication for their depression was increased, Yes, I was really stressed just from not knowing if I was going to get my money. I was depressed for several months, and it would come and go. It was just not knowing, and it bothered me. I was glad to hear I was getting a check, but then I was very surprised when I found out what happened to my check. I was depressed. Resident #5 learned and clarified the expected check had been received by the facility and cashed by the facility in July of 2025.During an interview on 05/06/2026 at 06:20AM, LPN #1 stated she was aware, we were all aware Resident #5 was waiting on money from Social Security Disability, it was just driving [Resident #5] crazy for months. Resident #5 was asking Activities, the MDS Coordinator, and the Administrator about receiving a letter or check, and they all said no. LPN #1 stated Resident #5 was down and depressed, gained weight, and talked about eating their feelings. Two to three months ago Resident #5 was down and depressed and was self-isolating and sleeping a lot. Medication for the resident's depression was increased, and after finding out what happened to the check/money, Resident # 5's depression was better. Not knowing was hard on the resident. LPN #1 stated she and RN #2 discussed the check, Resident #5 had shown her a copy of it, and the fact that the Administrator deposited the check into one of her accounts. It was like an open secret, and everyone was talking about it because Resident #5 was telling everyone.During an interview on 05/06/2026 at 08:38 AM, the Dietary Manager stated she was not left in charge during the Administrator's absence. The Dietary Manager stated, I have never stamped a check, but I have gone to the bank when they are busy, to make deposits.During an interview on 05/06/2026 08:46 AM, the MDS Coordinator stated she had covered for the Administrator during vacations. When checks are received, the MDS Coordinator stated, I always call or text her [Administrator] and tell her what (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	check comes in and she will tell me to stamp it and what account to deposit it in. The deposit would be made by the Dietary Manager or the Activity Director. The MDS Coordinator recalled the Social Security Disability (SSD) check coming in, the Administrator was on vacation, and I called her and told her a check came in for Resident #5, and she told me to stamp it, make a copy and where to deposit it. The MDS coordinator stated, I vaguely remember it [the check] was made out to [the facility] and Resident #5. A copy of Resident #5's check was shown to the MDS Coordinator. The MDS Coordinator confirmed that was the check she was instructed, by the Administrator, to stamp for deposit, and deposit into a facility account. The MDS Coordinator confirmed the check was made out to Resident #5 in care of the facility. The MDS Coordinator did not tell Resident #5 the check came in because Resident #5 was telling people the expected check was a hundred thousand dollars from social security disability.During an interview on 05/06/2026 at 11:09 AM, Facility Staff #16 stated she worked at the facility and had gone to the bank for the Administrator to make deposits but did not pay attention to the checks being deposited. There were times when the Administrator was out of the office and checks would come in; Staff #16 would call the Administrator and would stamp and deposit the checks. Staff #16 stated she would stamp the back of the checks with the stamp the Administrator told her to use and bring back the deposit receipt. Everything was done at [local bank], and the money would go into a facility account.During an interview on 05/06/2026 at 1:55 PM, the Administrator revealed the arrangement made to pay back Resident #5 was a verbal agreement. The Administrator provided a copy of an undated document, signed by the Administrator, stating that the facility owed Resident #5 for a check that was mistakenly deposited into a facility account. The Administrator stated Resident #5 did not sign the agreement and there was no way to confirm Resident #5 agreed to the repayment. The Administrator stated mail was received addressed to Resident #5, a resident with a BIMS of 15. The Administrator stated staff should not open a resident's mail unless permission was given. Residents #8, #9, and #10During a concurrent observation and interview on 05/04/206 at 3:37 PM, the Activities Director stated she had been in the Activities Director position since March of 2025. The process for bingo payouts was tracked by keeping a list in a binder and on Thursdays or Fridays I put the bingo money in the envelopes. Bingo was played every day at 10:30 AM. Other money in the envelope may include money family brought in for a resident. The lockbox also held wallets and jewelry for some residents. The lock box was kept in the medication room and to access the box, The nurses can give me a key or let me in to the medication room to get the box. The nurse will enter the medication room with me or stand at the door. The Activities Director stated she would audit the lock box at least every other month. The Activities Director described the accounting process of tracking the resident funds that included all transactions of adding, removing money, and totals were documented on the outside of the resident's envelope. Receipts for purchases are placed into the envelope and subtracted out of the total on the outside of the envelope. Transactions were confirmed with the nurse with date and initial when money was added or removed from the envelope. Observation during the interview revealed envelopes for Residents #8, #9, and #10 had a total indicated, and a lower updated total, with no entries of fund removal. Resident #8's envelope had a total written as $355.82, an entry of $5.00 [April holiday] below the total, and a line under the total with Updated $47.57 + $25 GC. The Activities Director stated the notation of $25 GC was a $25.00 [corporate store] gift card. Resident #9's envelope had a total written as $128.40, with Updated $105.45 and $3.50. Resident #10's envelope had a total written as $112.75, and a line under the total with $92.00 - updated, and $0.25.The Activities Director was asked to count the money in each of the residents' envelopes and confirmed the amount in Resident #8's envelope was $47.57 and contained a [corporate store] gift card; Resident #9's envelope contained $108.90; Resident #10's envelope contained $93.00. The Activities Director had no knowledge of where the residents' missing money was.During an interview on 05/06/2026 at 6:20 AM, LPN #1 stated Resident #13 passed away and a relative was told, when picking up belongings, to ask for Resident #13's envelope containing $40.00 the resident received monthly, and bingo money for a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	total of $54.00. The family member picked the envelope up two months later and called the facility and told an unknown nurse there was only $14.00 in the envelope. LPN #1 and an unknown nurse went thru the envelopes and found money missing in about half of the envelopes. LPN #1 stated the total and updated was written on the outside of the envelope. LPN #1 revealed nursing had keys to the medication room and metal lockbox.During an interview on 05/05/2026 at 12:25 PM, the Administrator stated she took $47.00 from an envelope that was in the lockbox after the death of Resident #13. Nurses notified the family of the money and I didn't think they wanted it because they left a refrigerator, television and a bible. The money was returned after Resident #13's family came and picked up the envelope and when they opened it there was only $12.00 in it. The family called and asked where the money was, and I returned it to them. The Administrator stated she was a mandated reporter, and all staff were mandated reporters and incidents that should be reported included abuse, physical, mental, sexual and of course misappropriation of funds, any type of abuse.During an interview on 05/06/2026 at 11:09 AM, Staff #16 stated she put money into resident envelopes for bingo before the Activities Director took over. Staff #16 would count out money at the end of the week. Residents would go to the nurse's desk and request money. The nurse would obtain the lockbox and take money out of the envelope and provide funds to the resident. Money removed from the envelope would be written on the envelope and subtracted out of the total, and a new total written down. Once a week residents would provide a list of items they wanted from the store and an employee would go to the store to get what a resident may want. An example was given, the employee would take $10 out of the resident's envelope, it would be signed out on the envelope; to go to the store and the cost for items would be $2 and the employee would return with $8 change and that $8 would be put back in the envelope and added back in to the total on the envelope. Around the holidays or if a resident wanted to go shopping, residents would be taken to a store across the street from the facility that had booths inside, they had their money and could shop. Staff #16 indicated not being aware of anything that does not belong to residents being in the lock box, all money in the lockbox was resident money.During an interview on 05/06/2026 at 1:43 PM, the Administrator stated anyone with a medication room key had access to the lockbox and resident funds. Review of a facility policy titled, Resident Trust Fund Policy and Procedure, with an effective date of 2017, indicated, the policy applied to all employees involved in the handling, processing, or oversight of the trust funds. The purpose of the policy was To ensure proper management, documentation, and safeguarding of residents' personal funds held in trust by the facility, in accordance with applicable laws and regulations. The policy statement indicated the facility would maintain resident trust accounts for resident personal funds, acting as the fiduciary, and shall manage the funds responsibly, ethically, and in compliance with all relevant legal and regulatory requirements. Resident Trust Fund was defined as a non-interest-bearing or interest-bearing account held by the facility on behalf of a resident for personal use. The fiduciary responsibility was defined as legal obligation to manager funds in the best interest of the resident. The procedures indicated an individual ledger/electronic record must be maintained for each resident's funds, monthly statements would be provided, and all deposits, withdrawals, balanced and transparency would be ensured by the facility. Monthly auditing would be conducted by the finance department or designee, and annual audits would be performed by independent party or internal auditor. Security and safeguards included all funds to be stored in a secure, locked location or managed via secure financial software, and handled and accessed by authorized personnel. Oversight compliance and auditing were the responsibility of the Administrator, day-to-day management of fund operations was the responsibility of the business office manager, and staff were to ensure proper documentation and safeguarding of resident funds. Review of the facility's undated policy titled, Resident Rights, indicated each resident in the facility had the right to be informed of all services and costs included the basic per diem rate; manage their personal affairs, or if this is delegated, receive an accounting every 3 months upon request; be free of verbal, mental, sexual, corporal punishment, involuntary seclusion, and physical abuse; and receive private mail. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of a facility policy titled, Abuse Prevention and Investigation Guidelines, revised 09/12/2018, included screening, training, prevention, identification, investigation, protection and reporting/response to eliminate the likelihood of abuse. Training included, All employees are required to report any suspected misappropriation of resident property to the Administrator, DON. Prevention included providing information to residents, families, and employees on how to report, evaluation of resident and staff member reports of personality conflicts. Identification included, any staff member who has a reasonable cause to suspect that a resident has been subjected to conditions or circumstances which have or could have resulted I abuse or neglect is required to immediately notify the facility Administrator or DON. The facility would ensure all suspected incidents or allegations were thoroughly investigated, at the time allegation is reported. The Administrator or DON will notify the Office of Long-Term Care of any alleged, suspected, or witnessed occurrences of misappropriation of resident property, or exploitation of a resident. Review of a facility document titled, Administrator, with a date of hire of 04/01/2006, indicated the administrative functions of the Administrator included, Delegate a responsible staff member to act in your behalf when you are absent from the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on observation, record review, and interviews, the facility failed to immediately report allegations of misappropriation of resident property for 1 (Resident #5) of 13 residents reviewed for misappropriation. Specifically, the facility did not initiate a reportable for exploitation and misappropriation resulting in noncompliance. The findings include: Resident #5 Review of Resident #5's, Medical Diagnosis Report included diagnoses of spinal stenosis (narrowing that causes nerve pain, numbness and weakness of the legs and buttocks), insomnia, and depression. Review of Resident #5's quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] 3/18/2026 revealed a Brief Interview for Mental Status [BIMS] score of 15, indicating no cognitive impairment. Review of Resident #5's Care Plan Report, ˆinitiatedˆ on ˆ06/13/2025ˆ, revealed the resident was independent for meeting their own emotional, intellectual, physician, and social needs. Interventions included notifying resident of preferred activities, conversing with the resident to degree of intellectual functioning, and inviting the resident to participate in all activities. Potential for adverse reaction to psychotropic medication. History of adjustment disorder with depressed mood. Monitor and document side effects including depression, hopelessness, negative statements, changes in appetite, and emotional distress. Notify MD (medical doctor) of resident withdrawal from social interaction. During an interview on 05/01/2026 at 11:55 AM, Licensed Practical Nurse [LPN] #3 reported that Resident #5 disclosed waiting nearly a year for a Social Security Disability (SSD) payment and learned approximately six to eight weeks earlier that the Administrator had deposited the resident's SSD check into a facility account. Resident #5 told LPN #3 the Administrator had stolen close to $60,000.00 and repaid Resident #5 $1,000. Resident #5 expressed sadness and disappointment that the Administrator had taken the money. During an interview on 05/01/2026 at 12:44 PM, Resident #5 reported the SSD check totaled $56,481.00, was dated July 25, 2025, and had been endorsed for deposit into a facility account. Resident #5 stated the Administrator told the resident the deposit was a mistake and revealed the Administrator had made four $1,000 payments. Resident #5 reported not being interviewed as part of any investigation and was unaware if there had been a report or investigation into how the SSD check was deposited into the facility account. Resident #5 stated resident had informed staff, including LPN #1, and other residents about the incident. During an interview on 05/01/2026 at 1:21 PM, RN #2 stated that financial abuse or suspected abuse should be reported to the Administrator and Ombudsman and that a reportable should be completed immediately. During an interview on 05/01/2026 at 3:32 PM, the Administrator confirmed that four $1,000 payments had been made to Resident #5, and the Administrator stated the SSD check had been mistakenly (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	deposited into a facility account in July 2025. The Administrator provided a copy of what was described as a repayment agreement. Record review revealed no reportable was submitted to the Office of Long-Term Care [OLTC], no immediate investigation, no witness statements, no interviews with involved staff, no review of financial records, and no required 24ˆhour or 5ˆday reports. During an interview on 05/05/2026 at 12:30 PM, the Administrator stated all staff were mandated reporters and the facility had 24 hours to report and 5 days to investigate allegations of misappropriation and acknowledged that interviews with other residents and staff should have been conducted. The Administrator stated she did not report depositing Resident #5's check into the facilities bank account because she made arrangements with Resident #5 to pay back the $56,481.00. I can see that I should have reported the mistaken deposit During an interview on 05/06/2026 at 6:20 AM, LPN #1 stated that Resident #5 had been sad, depressed, isolating, and sleeping excessively two to three months earlier. LPN #1 stated the issue was reported to RN #2 but was stated she was unaware of any report or investigation. During a second interview on 05/06/2026 at 1:55 PM, the Administrator revealed that the agreement to pay Resident #5 back $56,481.00 was a verbal agreement, and Resident #5 had nothing in writing. The Administrator agreed that there was nothing in writing showing that Resident #5 agreed with a plan to receive $1000.00 a week for 56 weeks. Review of facility job descriptions for the Administrator, signed 04/01/2006 and the DON, unsigned, indicated both were required reporting and investigating all allegations of abuse and misappropriation. An in-service dated 02/17/2026, given by RN #2, defined financial abuse and emphasized its emotional impact. The Administrator, LPN #1, and LPN #3's signature were not on the in-service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. Based on observation, record review, and interviews, it was determined that the facility failed to immediately and thoroughly investigate allegations of misappropriation of resident property for 2 (Resident #5 and Resident #6) of 13 residents reviewed for exploitation and misappropriation. The findings include: Review of facility job descriptions for the Administrator, signed 04/01/2026 and the DON, unsigned, indicated that both jobs required reporting and investigating of all allegations of abuse and misappropriation. Resident #5 Review of Resident #5's, Medical Diagnosis Report, included diagnoses of spinal stenosis, insomnia, and depression. Review of the annual Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 6/13/2025 revealed a Brief Interview for Mental Status [BIMS] score of 15 which indicated no cognitive impairment. During an interview on 05/01/2026 at 11:55 AM, Licensed Practical Nurse [LPN] #3 reported that Resident #5 had disclosed waiting nearly a year for a Social Security Disability [SSD] payment and learned approximately six to eight weeks earlier that the Administrator had deposited the resident's SSD check into a facility account. Resident #5 stated the Administrator had repaid Resident #5 $1,000 per week for four weeks and expressed sadness and disappointment that the Administrator had taken their money. During an interview on 05/01/2026 at 12:44 PM, Resident #5 reported an SSD check totaling $56,481.00, dated July 25, 2025, had been endorsed for deposit into a facility account. Resident #5 stated the Administrator informed the resident that the deposit was a mistake and confirmed the resident had received four, $1,000 payments. Resident #5 reported no interview had been completed as part of any investigation and was unaware if any investigation had occurred. Resident #5 revealed some staff, including LPN #1, and other residents had been told about the incident. During an interview on 05/06/2026 at 6:20 AM, LPN #1 stated Resident #5 had been sad, depressed, self-isolating, and sleeping excessively two to three months earlier. She stated she reported the issue to Registered Nurse [RN] #2 but was unaware of any investigation taking place. During an interview on 05/01/2026 at 1:21 PM, RN #2 stated financial abuse or suspected abuse should be reported to the Administrator and Ombudsman and stated that a reportable should be completed. During an interview on 05/01/2026 at 3:32 PM, the Administrator confirmed that four, $1,000 payments had been made and that the SSD check had been mistakenly deposited into a facility account in July 2025. The Administrator provided a copy of what was described as a repayment agreement. Record review revealed no evidence of an immediate investigation, no witness statements, no interviews with involved staff, no review of financial records, and no required 24ˆhour or 5ˆday reports. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #6 Review of Resident #6's Medical Diagnosis Report included diagnoses of bipolar disorder, diabetes II, and CHF. Review of Resident #6's quarterly MDS with an annual review date (ARD) of 02/12/2026 revealed a BIMS score of 15, which indicated no cognitive impairment. During an interview on 05/04/2026, at 2:55 PM, the Director of Nursing [DON] and MDS consultant reported that Resident #6 had provided debit card information to Resident #7's family member to purchase a bed for $50.00 but later reported unauthorized purchases. Resident #7's family member had been banned from the facility. The DON provided a file showing the incident had been reported but acknowledged there were no witness statements or investigation documentation. During an interview on 05/04/2026, at 4:30 PM, Registered Nurse [RN] #2 stated Resident #7's family member used Resident #6's debit card for unauthorized purchases and confirmed no witness statements, interviews, or investigations were completed because the individuals did not stay at the facility long. During an interview on 05/05/2026, at 8:42 AM, Resident #7 confirmed that Resident #6 had given the debit card to a family member and that unauthorized purchases occurred. Resident #7 stated the family member lived in a children's home and could not make good decisions. During an interview on 05/05/2026, at 12:30 PM, the Administrator stated all staff were mandated reporters and confirmed Resident #6 reported unauthorized charges of $700.00 to $900.00 from a personal bank account. The Administrator stated the facility had 24 hours to report and 5 days to investigate allegations. The Administrator acknowledged that interviews with other residents and staff should have been conducted. The Administrator was unable to provide requested bank statements of fraudulent charges, witness statements, or investigation notes. An OLTC [Office of Long-Term Care] Incident and Accident Report, dated 03/16/2026 indicated unauthorized charges had been made and cancellation of the debit card, but no evidence of a thorough investigation was provided. The facility failed to conduct a complete investigation, failed to interview witnesses, failed to gather financial documentation, and failed to meet CMS investigative and reporting requirements. Review of an in-service titled Abuse, dated 02/17/2026 given by RN #2. LPN #9 signed the in-service training, but the administrator's signature was not noted. Seven types of abuse including financial were included into the training. The in-service indicated, financial abuse occurs when someone steals or manipulates an older person to get money from then. This includes misuse of the POA, stealing resident cash, credit cards, or valuables. Keeping someone from accessing their bank account. Financial abuse can be just as damaging as other types of abuse and can cause anxiety and can prevent residents from having the money they need to pay for long term care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility administration failed to effectively and efficiently manage its resources to ensure all residents who resided in the facility attained and maintained their highest practicable mental and psychosocial well-being. The findings include: Review of a facility document titled, Application for Employment, dated 09/25/2000, indicated the Administrator had experience that included office manager in a nursing facility in Arkansas, was a certified nursing assistant (CNA) in an at home nursing agency, had experience billing Medicaid, filing Medicaid paperwork, handling accounts payable, and doing timecards. The Applicant's Statement certified the responses were true and complete and was signed by the Administrator. Review of a facility document titled Administrator Job Description, with a date of hire 04/01/2006, indicated the purpose of the Administrator was to direct the day-today functions of the facility in accordance with current federal, state, and local standards, guidelines ad regulations that govern nursing facilities to assure that the highest degree of quality are can be provided to our residents. The delegation of authority advised the Administrator had the authority, responsibility, and accountability necessary for carrying out their assigned duties. Duties and Responsibilities, Administrative functions included development and maintenance of written policies and procedures and professional standards of practice governing the operation of the facility; ensuring all employees, residents, and others follow the established policies and procedures; assume administrative authority, responsibility and accountability of directing the activities and programs of the facility. Budget and Planning Functions included assisting in the establishment and maintenance of an adequate accounting system; reporting suspected or known incidents of fraud relative to filing of false cost reports, receipt/payment of kickbacks, etc., to appropriate agencies. Resident Rights included, Ensure that resident funds maintained by the facility are managed in accordance with current federal and state regulations and that appropriate accounting records are maintained. Review of an Arkansas Secretary of State Corporations document titled Corporation Details, dated 04/20/2010 indicated the Administrator was the registered agent and President of the for-profit corporation [facility name]. Review of a document titled, Health Insurance Benefit Agreement, dated 07/29/2010, indicated the Administrator was the Owner/Administrator. Review of a document titled, Arkansas Department of Human Services Nursing Home Administrator License, revealed the Administrator was issued an administrator's license numbered [license number], on July 31, 2012. Review of a letter issued by Centers for Medicare & Medicaid Services (CMS), dated 09/05/2012, issued a CMS Certification Number (CCN) of [CCN number] and indicated CMS was notified your organization became the new owner of the skilled nursing facility, with an effective date of 08/01/2012. Review of a facility document titled, Facility Assessment Tool, updated 06/11/2025, indicated the Administrator was also the Governing Body Representative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a facility document titled [Facility Name] Cumulative General Ledger, dated 09/01/2025 to 02/28/2026, revealed transfer of money from A/R Officer line item to Administrator's personal banking account. Line-item payments also included payments to the Administrators personal credit card account. Administrator hand wrote Monies paid to [NAME] from prepaid items bought by her. Beginning balance was $449,040.53 and ending balance was $86,913.84. Review of the line item Private, with a handwritten note indicating Private Deposits Pays from Residents, included deposit transfers from Administrators personal account. Beginning balance was (-$568,373.96) and ending balance was (-$1,182,315.08.) Review of line item Therapy Supplies, with a handwritten note indicated Therapy for Residents Loan to pay bank on facility, revealed payment to [Bank Name] in the amount of $1,601.54. Beginning balance was $0.00 and ending balance was $3,601.54. Review of line item Beauty & Barber Exp Allowable, with a handwritten note Paid from her debit card on personal account revealed a transfer to the Administrator's personal account and cash withdrawals totaling $1,940.00. There were no other transactions on this line item. Review of the Bank Service Chgs, revealed wire transfer charges $30.00; Dormant Fees of $18.00; Overdraft and Returned item fees in the amount of $8,832.00. Review of a bank statement for the Resident Fund Account, dated 03/31/2026 revealed a transfer of funds out of the account, in the amount of $500.00, to an account number identified by the Administrator as Adm. Personal acct. During an interview on 05/05/2026 at 12:10 PM, the Administrator stated the facility manages funds for two residents and the money was deposited into the Resident Fund account which was an interest-bearing account, and the facility did not have a trust account. When resident funds were received, the facility paid the residents their $40.00, and there was a total of seven or eight residents whose funds were sent directly to the facility and did not go into the resident fund account. The Administrator stated she wrote checks for $40.00, put the checks at the nurses' desk, and their families came in and get the $40.00, and buy what the resident wants. The Administrator stated there was no documentation of families signing for the checks or providing receipts for purchases using resident funds. The Administrator stated the check was the facility's documentation that the $40.00 resident funds were provided to the residents. The Administrator did not have ledgers or other documentation that funds were provided to the families. The Administrator stated she would have to locate the information for which residents the facility managed funds for stating I am the only one that handles the resident trust funds. The Administrator stated any monies over $5.00 must be placed in the resident account. Review of a facility document titled, Participant Ledger Account Cash Journal, with a date range of 05/03/2025 to 05/01/2026, indicated Resident #8 received SSA $1.339.00, (-$40.00) leaving balance of $1,536.79 on 05/03/2025. No beginning balance was noted. An entry on 06/03/2025 indicated SSA $1339.00, (-$40.00) leaving a balance of $1,576.79. The next line item indicated Interest =.08 with a balance of .08. No other debits were noted in the journal. Review of a facility document titled, Participant Ledger Account Cash Journal, with a date range of 05/03/2025 to 05/01/2026, indicated Resident #14 had balance of $1,324.45, $40.00 leaving a balance of $1,364.45 on 05/03/2026. An entry on 06/03/2025 indicated SSA $40.00 leaving a balance of $1,404.45. The next line item was interest .07 with a balance of $1,404.52. An entry on 05/01/2026 indicated personal care needs, $500.00 which was deducted leaving a balance of $1,344.77. The check for $500.00 was made out to Resident #14's daughter. No receipts were attached. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of facility documents titled, Participant Ledger Account, for Resident #2, Resident #15, Resident #16, and Resident #17, indicated monies came into the accounts and resident allowance in the amount of $40.00 came out of the accounts. The DON stated these were the ledgers of the residents whose families received $40.00 from the facility to purchase resident requested items. No information was attached that indicated who picked up the checks, and no receipts indicating what was purchased with resident funds was presented. During an interview on 05/05/2026 at 12:25 PM, the Administrator acknowledged Resident #5's settlement check was deposited into a facility account on 07/30/2025; and that the funds were utilized for facility business. The facility did not have the funds to return Resident #5's money and continued to use the funds for the benefit of the facility. The Administrator stated it was misappropriation of Resident #5's money. The Administrator stated she told Resident #5 she could not just come up with fifty-six thousand dollars, and started paying $1,000.00 a week. I did not get the letter from disability; the letter did not have our address on it. It was not clear that the check was for disability. The Administrator did not know how long Resident #5 was waiting on the check but stated Resident #5 asked about mail. We all knew Resident #5 was waiting for a check and thought it would be a huge lump sum. The way the check was presented I thought it was back pay that Resident #5 owed me. Review of a facility policy and procedure titled Resident Trust Fund. with an effective date of 2017, indicated the policy applied to all employees involved in the handling, processing, or oversight of the trust funds. The purpose of the policy was To ensure proper management, documentation, and safeguarding of residents' personal funds held in trust by the facility, in accordance with applicable laws and regulations. The policy statement indicated the facility would maintain resident trust accounts for resident personal funds, acting as the fiduciary, and shall manage the funds responsibly, ethically, and in compliance with all relevant legal and regulatory requirements. Balances and Limits Interest bearing accounts will be used for residents with balances above [Insert Threshold], and interest will be credited to their accounts accordingly. Resident Trust Fund was defined as a non-interest-bearing or interest-bearing account held by the facility on behalf of a resident for personal use. The fiduciary responsibility was defined as legal obligation to manager funds in the best interest of the resident. The procedures indicated an individual ledger/electronic record must be maintained for each resident's funds, monthly statements would be provided, and all deposits, withdrawals, balanced and transparency would be ensured by the facility. Monthly auditing would be conducted by the finance department or a designee, and annual audits would be performed by independent party or internal auditor. Security and safeguards will include all funds to be stored in a secure, locked location or managed via secure financial software, and only authorized personnel may access and handle resident funds. Oversight compliance and auditing was the responsibility of the Administrator. Day-to-day management of fund operations was the responsibility of the Business Office Manager (BOM); and staff were to ensure proper documentation and safeguarding of resident funds. A review of the facility's undated policy titled, Resident Rights, indicated each resident in the facility had the right to be informed of all services and costs included the basic per diem rate; manage their personal affairs, or if this is delegated, receive an accounting every 3 months upon request; be free of verbal, mental, sexual, corporal punishment, involuntary seclusion, and physical abuse; and receive private mail. A review of a facility policy titled, Abuse Prevention and Investigation Guidelines, revised 09/12/2018, included screening, training, prevention, identification, investigation, protection and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	reporting/response to eliminate the likelihood of abuse. Training included, All employees are required to report any suspected misappropriation of resident property to the Administrator, DON. Prevention included providing information to residents, families, and employees on how to report, evaluation of resident and staff member reports of personality conflicts. Identification included, any staff member who has a reasonable cause to suspect that a resident has been subjected to conditions or circumstances which have or could have resulted I abuse or neglect is required to immediately notify the facility Administrator or DON. The facility would ensure all suspected incidents or allegations were thoroughly investigated, at the time allegation is reported. The Administrator or DON will notify the Office of Long-Term Care of any alleged, suspected, or witnessed occurrences of misappropriation of resident property, or exploitation of a resident. Review of a facility document titled, Key Personnel, undated revealed there was no business office manager position. Review of Arkansas Title 4, Business and Commercial Law, Subchapter 8 – Directors – Officers – Meetings – Standards of Conduct Section 4-27-842 – Standards of conduct for officers, revealed, (a) An officer with discretionary authority shall discharge his duties under that authority: (1) in good faith; (2) with the care an ordinarily prudent person in a like position would exercise under similar circumstances; and (3) in a manner he reasonably believes to be in the best interests of the corporation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04E262	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murfreesboro Rehab and Nursing, Inc	110 W 13th Street Murfreesboro, AR 71958

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. Based on interviews, record review, and facility document review, it was determined that the facility failed to have a governing body in place for oversite of the Administrator and operations of the facility, affecting all residents residing within. The findings include: Review of a document titled, Assignment of contract to participate in the Arkansas Medical Assistance Program Administered by the Division of Medical Services Title XIX (Medicaid), dated 08/01/2010, indicated the buyer was [the facility] and was signed by the Administrator, whose titled was listed as, Owner/Administrator. Review of a document titled, Contract to Participate in the Arkansas Nursing Home Program, with a signed date of 07/13/2010, indicated, To comply with all state and/or Federal regulations pertaining to resident personal funds. Review of a document titled, Health Insurance Benefit Agreement, dated 07/29/2010, indicated [the facility] agreed to conform to the provisions of section 1866 of the Social Security Act and applicable provisions in 42 CFR. The document was signed by the Administrator as Owner/Administrator. During an interview on 05/15/2026, the Administrator was asked to provide a list of Governing Body members with their contact information. The Administrator provided a written statement. Review of the undated written statement provided by the Administrator, indicated the Administrator was the sole governing body of [the facility] and was signed by the Administrator. During an interview on 04/29/2026 at 1:11 PM, the Director of Nursing (DON) stated the Administrator handled all banking and, everything. During an interview on 05/01/2026 at 1:21 PM, Registered Nurse (RN) #2 stated the Administrator handles all monies and was the owner and Administrator.