| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 04E262 | A. Building<br>B. Wing | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Murfreesboro Rehab and Nursing, Inc | 110 W 13th Street<br>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 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews and facility document review, it was determined the facility failed to ensure written notification was provided to the resident and/or the resident's representative of transfer/discharge to the hospital and included all the required information for five (Resident #2, #5, #28, #32, and #36) of five residents reviewed for hospitalizations.The findings include:Resident #2Review of a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/03/2025, indicated Resident #2 had diagnoses which included non-Alzheimer's dementia (cognitive decline unrelated to Alzheimer's disease), urinary tract infection and diabetes mellitus. The MDS also revealed a Brief Interview for Mental Status (BIMS) score of 4, which indicated Resident #2 had severe cognitive impairment.Review of a Hospital Record dated 10/02/2025, indicated Resident #2 was admitted to the hospital from [DATE] to 10/05/2025 with diagnosis of urinary tract infection.Review of a Hospital Discharge Summary dated 10/25/25, indicated Resident #2 was admitted to the hospital from [DATE] to 10/25/2025 with diagnosis of urinary tract infection and acute encephalopathy.Review of Resident #2's medical records on 01/07/2025 at 10:00 AM, indicated there was not a notice of transfer for when the resident transferred to the hospital on [DATE] or 10/16/2025.Resident #5Review of a quarterly MDS with an ARD of 12/04/2025, indicated Resident #5 had diagnoses which included end stage renal (kidney) disease, diabetes mellitus and other fractures. The MDS also revealed a Brief Interview for Mental Status (BIMS) score of 5 which indicated Resident #5 had severe cognitive impairment.Review of a Hospital Record dated 11/28/2026 indicated Resident #5 was admitted to the hospital on [DATE] after a fall with a fracture of the surgical neck of left humerus (long bone) and fracture of the pelvis.Review of Resident #5's medical records on 01/07/2025 at 10:05 AM, indicated there was not a notice of transfer for when the resident transferred to the hospital on [DATE].Resident #28Review of a quarterly MDS with ARD of 10/30/2025, indicated Resident # 28 had diagnoses which included cerebral palsy (neurological disorder caused by damage to a developing brain), paraplegia (loss of movement and sensation to the lower half of the body), and abnormality of albumin (protein level). The MDS also revealed a Staff Assessment for mental Status (SAMS) score of 3 which indicated Resident #28 had severe cognitive impairment.Review of Resident # 28's Progress Note, dated 12/21/2025 revealed the resident was hospitalized on [DATE] due to dislodgement of their Percutaneous Endoscopic Gastrostomy (PEG) -tube and for surgical replacement. Review of Resident #28's medical records on 01/07/2025 at 10:05 AM, indicated there was not a notice of transfer for when the resident transferred to the hospital 12/21/2025.Resident #36Review of a quarterly MDS with ARD of 10/24/2025, indicated Resident #36 had diagnoses which included cerebral palsy (neurological disorder caused by damage to a developing brain), paraplegia (loss of movement and sensation to the lower half of the body), and diabetes mellitus. The MDS also revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #36 was cognitively intact.Review of Resident #36's Progress Note dated 11/22/2025, revealed the resident was hospitalized on [DATE] due to being woke up and being nonverbal and not being able to move their arms or head normally. Review of Resident #36's Progress (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 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Note dated 12/05/2025, revealed the resident was hospitalized on [DATE] due to possible aspiration (accidental inhalation of foreign material into the lungs). Review of Resident #36's medical records on 01/07/2025 at 10:05 AM, indicated there was not a notice of transfer for when the resident transferred to the hospital on [DATE] and 12/05/2025.Resident #32 Review of a quarterly MDS with an ARD of 12/12/2025, indicated Resident #32 had diagnoses which included diabetes mellitus, chronic obstructive pulmonary disease, Bipolar Disorder, Anxiety Disorder. The MDS also revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #32 was cognitively intact.Review of Resident #32's Progress Note dated 11/20/2025, revealed the resident was hospitalized on [DATE] due to vomiting yellow tinged liquid. Review of Resident #32's medical records on 01/07/2025 at 10:10 AM, indicated there was not a notice of transfer for when the resident transferred to the hospital on [DATE]. Interviews During an interview on 01/08/2026 at 11:41 AM, the MDS Coordinator confirmed that Resident #2, #5, #28, #32, and #36 had been transferred to the hospital on the dates listed above and that she was responsible for completing the notification of transfer when residents were discharged or transferred to the hospital. After reviewing the Facility Letters that were sent to Resident #2, #5, #28, #32 and #36's representatives with the notification of transfer to the hospital, the MDS Coordinator confirmed that the letters did not contain information on the resident's appeal rights and process or how to contact the Office of State Long-Term Care Ombudsman as required. The MDS Coordinator indicated she was not aware of any other written notification being given to the resident or resident representative at the time of the transfers. During an interview on 01/08/2026 at 12:40 PM, the Administrator confirmed the MDS Coordinator was responsible for completing the notifications of transfer when residents are discharged or transferred to the hospital and the notices completed by the MDS Coordinator were the only notices that were sent to residents and/or their representatives regarding transfers. After reviewing the letters of transfer for Resident #2 for 10/02/2025 and 10/16/2025, Resident #5 for 11/25/2025, Resident #28 for 12/21/2025, Resident #32 for 11/20/2025, and Resident #36 for 11/22/2025 and 12/05/2025, the Administrator confirmed the letters did not contain information about the appeal process or how to contact the Office of Long-Term Care Ombudsman. The Administrator was asked for a copy of the policy on transfers to the hospital.PolicyReview of a facility policy titled, Notification of Family when Resident is sent Out to Hospital/ER (undated), it was determined that the facility policy did not address the notice containing information on the appeal process or how to contact the State office of the Long-Term Care Ombudsman. |