

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Springdale Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  102 North Gutensohn Springdale, AR 72762	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, interviews, and policy document review, the facility failed to maintain a clean and safe environment for 3 sampled residents (Resident #13, #26, and #51).</p> <p>The findings are:</p> <p>A review of the policy titled; Cleaning-Wet Mopping indicated cleaning will be done daily and more frequently if spillage or visible soiling occurs.</p> <p>1. During a concurrent observation and interview on 07/29/2024 at 2:48 PM, Resident #13 and a family member voiced a concern of the cleanliness and operation of a toilet riser located in the bathroom for Resident #13's assistance. Observation showed both back corners of the frame had dark orange and brown areas.</p> <p>On 07/30/24 at 9:47 AM, the surveyor observed the bathroom grout/tile beside and behind toilet in Resident #13's bathroom. A dark brown substance was observed at the bottom of the wall, and a dark brown area to the inner bottom of the door frame.</p> <p>On 07/31/24 at 10:45 AM, the surveyor observed the bathroom grout had been cleaned. No dark brown substance was noted in the grout. But the dark brown area to the inner bottom of the door frame remained. The surveyor observed the metal transition strip, which was 2 feet by 3 feet, protruding up, not level with the floor and noted to have sharp edges at the ends of both sides of the strip.</p> <p>A review of the Face Sheet indicated the facility admitted Resident #13 with diagnoses that included arthritis, multiple sites, and a history of falling.</p> <p>A review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/09/2024 revealed Resident #13 had a Brief Interview of Mental Status (BIMS) score of 9 which indicated the resident moderately cognitively impairment and required partial to moderate assistance with standing from a sitting position, and toilet transfers.</p> <p>2. During a concurrent observation, and interview, on 07/30/24 at 8:38 AM, the wall of Resident #26's room was observed to have two large, damaged areas with paint missing at both the head of bed and to the side. Resident #26 stated they were present when he moved to this room.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/28/2024 revealed Resident #26 had a brief Interview of Mental Status (BIMS) score of 14 which indicated the resident was cognitively intact.</p> <p>3. During a concurrent observation and interview with Housekeeping Supervisor #12 on 07/31/2024 at 10:45 AM, Housekeeping Supervisor #12 accompanied the surveyor to Resident #51's room and observed the bathroom in which a dark brown substance in the grout behind and beside the toilet had been cleaned. Housekeeping Supervisor #12 reported that she had been on her hands and knees this morning cleaning that up. She was asked to describe the bottom of the inner door frame to the surveyor. She described the area as rust that cannot be cleaned off and that it was maintenance's responsibility. She was asked to describe the metal transition strip. She described it as protruding and with sharp edges. She also reported that the lip should be flat to the floor because they could get cut or hurt or even trip and fall from it.</p> <p>During an interview with Resident #51 on 07/30/2024 at 9:47 AM, Resident #51 revealed that the resident had told maintenance about the floor numerous times and stated that the resident had believed that it was black mold. She reported that the new metal piece was placed over a line of black substance and was not cleaned prior to and that you could kind of see it.</p> <p>During a concurrent observation and interview with the Maintenance Director on 07/31/2024 at 2:10 PM. The surveyor took the Maintenance Director to Resident #51's bathroom and showed the metal transition strip. The Maintenance Director stated that the strip should be flat to the ground to ease transition through the door and the edges are sharp and dangerous. The area around the bottom of the door entry is surface damage and his level of repair would be to replace the door frame, but probably will be sanded and fixed.</p> <p>A review of Resident #51's Face Sheet revealed the resident had diagnoses to include dementia and bipolar disorder.</p> <p>A review of a quarterly Minimum Data Set (MDS) Quarterly with an Assessment Reference Date (ARD) of 05/31/2024 revealed Resident #51 had severe cognitive impairment and independently ambulated with staff assist and required set up or clean up assistance with toileting.</p> <p>A review of a Care Plan with review date of 07/03/24 revealed that staff were to observe the room for safety concerns such as glass or sharp objects, dated 12/13/2021.</p>		