

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Russellville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  215 South Portland Avenue Russellville, AR 72801	

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 observation, interview, and record review, the facility failed to provide a safe, clean, homelike environment for 1 (Resident #44) of 1 resident regarding linen changes, 2 (Resident #15 and #44) of 2 residents regarding plaster cracking, and 43 out of 43 residents who use the 100 Hall bath.</p> <p>1. On 08/19/2024 at 11:36 AM, the surveyor noted Resident #44's bed to be unmade, covers pulled back, and bottom linens appeared soiled with two large, orange-colored spots on fitted sheet. The surveyor noted an orange colored spot on the pillowcase on pillow at the head of the bed. the surveyor noted multiple flies around the resident's bed and a urine odor present.</p> <p>The surveyor made additional observation of unmade bed with soiled linens on 08/20/2024 at 11:58 PM. The surveyor interviewed Certified Nursing Assistant (CNA) #5 and asked when Resident #44's bed linens were last changed, CNA #5 stated on shower days and when the resident wants the linens changed. When asked why the resident's linens were not changed when visibly soiled, CNA #5 stated I don't know.</p> <p>2. On 08/19/2024 at 11:50 AM, the surveyor noted the sink in Resident #44 and Resident #15's personal bathroom to have cracks in plaster between wall and sink with large piece of plaster missing.</p> <p>The surveyor made additional observation of the sink with cracks in plaster between wall and sink with large piece of plaster missing on 08/20/2024. When interviewed the Maintenance Supervisor stated, I didn't even know about this sink.</p> <p>3. On 08/19/2024 at 1:04 PM, the whirlpool tub in the bath room on 100 Hall was noted to have what appeared to be feces present.</p> <p>The surveyor made an additional observation of apparent fecal matter in whirlpool on 08/20/2024 at 9:56 AM. When interviewed CNA #4 stated housekeeping is responsible for cleaning baths. Housekeeper #6 was interviewed and stated baths are cleaned every day, and that no dirt or bodily material should be present following daily cleaning.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observation, interview, and record review, the facility failed to follow a grievance policy signed by the facility and resident upon resident admission to include completing a grievance form and prompt resolution of grievance for 1 (Resident #16) of 1 sampled resident.</p> <p>On 08/19/2024 at 10:30 AM, Resident #16 reported a lost tablet. A family member at bedside reported the tablet purchased by family was lost or stolen while the resident was in the facility. The family member reported Administration was made aware, and an investigation was supposed to be initiated.</p> <p>On 08/20/2024 at 2:44 PM, the Assistant Director of Nursing (ADON) was interviewed regarding Resident #16's family member reporting the missing tablet to the Administrator. When asked if tablet was found, the ADON stated she was never notified.</p> <p>On 08/20/2024 at 2:44 PM, the Administrator was interviewed and asked if Resident #16's tablet was reported missing. He stated he could not recall an incident where tablet had been reported missing.</p> <p>On 08/20/2024 at 2:50 PM, the Assistant Director of Nursing stated that yes, the resident and resident family had reported to the Administrator the tablet was missing</p> <p>On 08/20/2024 at 3:00 PM, the Administrator stated he did recall a family member stating a resident's tablet had been missing, and that he had requested information on the tablet so it could be located or replaced, however no information was received. When asked if a grievance report was completed regarding the incident the Administrator stated he did not interpret this as a grievance.</p> <p>On 08/20/2024 at 3:30 PM, the surveyor called the family representative who stated the tablet was provided by family and was lost or stolen while Resident #16 was in the facility. When asked if facility administration had requested information regarding tablet so it could be located or replaced, the family representative stated no information had been requested. When asked if the facility offered any restitution for missing property, the family representative stated no restitution had been offered.</p> <p>On 08/20/2024, review of a document titled, Grievance Policy and Procedure. dated 11/22/2016, provided by facility showed the resident has the right to voice grievances without discrimination or reprisal, and the facility must make prompt efforts to resolve grievances. The facility will make all efforts to resolve the grievance promptly. The expected timeframe for resolution of grievances is 5 business days.</p>		