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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045341 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/12/2025 |
| NAME OF PROVIDER OR SUPPLIER Meadowview Healthcare and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 825 North Gaskill Huntsville, AR 72740 | |

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

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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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review, interview, facility policy review, and document review, the facility failed to ensure an allegation of abuse was reported to facility administration, and subsequently the State Agency, for 1 (Resident #2) of 3 residents reviewed for abuse.</p> <p>The findings include:</p> <p>A review of a Nursing Progress Note, created by Licensed Practical Nurse (LPN) #1 on 11/01/2024 at 11:21 AM, revealed nursing documentation of an allegation of abuse from Resident #2, which read in part, Resident #2 stated someone on night shift with dark hair had kicked the resident in the night, because the resident had made the person mad.</p> <p>During an interview on 06/12/2025 at 1:23 PM, the Director of Nursing (DON) indicated that on 01/24/2025, the Progress Note documentation dated 11/01/2024, was brought to the Administrator ' s attention by surveyors. At that time, the Administrator initiated an investigation into the allegation made by Resident #2 and reported the allegation to the state agency.</p> <p>A review of a Social Progress Note dated 01/24/2025 at 3:00 PM, after the Administrator had been informed of the allegation documented in the progress note dated 11/01/2024, indicated the Administrator spoke with Resident #2, related to the allegation. The resident reportedly stated that they did not recall such an incident. [Resident #2] reported that [Resident #2] felt safe, secure and loved this facility.</p> <p>A review of a Social Note, dated 01/24/2025 at 7:16 PM, revealed the Administrator had spoken with Resident #2 ' s responsible party about the incident.</p> <p>A review of Resident #2 ' s Care Plan Report revealed the resident had diagnoses which included hallucinations, anxiety, and depression. The Care Plan Report, with a closed date of 03/18/2025, indicated the resident planned to remain in the facility under the care of hospice. The resident had impaired cognitive function, dementia or impaired thought processes related to cancer. Resident #2 was on pain medication therapy, used antidepressant medication, antianxiety medications, and psychotropic medications related to hallucinations.</p> <p>A review of Resident #2's quarterly Minimum Data Set, with an Assessment Reference Date of 12/12/2024, revealed the resident had a Brief Interview for Mental Status score of 14, which indicated Resident #2 was cognitively intact.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of am LPN job description with a copyright date of 2023 revealed, policies and procedures would be complied with, the nurse would observe the resident for changes and notify the physician and family of changes and document findings. The nurse would report incidents and/or allegations to the supervisor or administrator. The nurse would protect the residents from abuse.</p> <p>A review of LPN #1 ' s Employee Record revealed an unnamed document signed on 09/14/2024, with LPN #1's name, which indicated an employee should immediately report a suspected allegation of abuse to the Administrator or their designee. The Administrator would notify the State Agency. The Director of Nursing (DON) or designee would notify the resident ' s representative of the allegation of abuse. An acknowledgment page, signed on 09/14/2024 with LPN #1 ' s name, read in part that LPN #1 agreed to follow the policies included in the handbook.</p> <p>A review of an Orientation Document dated 02/06/2019, indicated through signature that LPN #1 implied understanding of the instructions of the Abuse/Neglect policy.</p> <p>A review of an In-service Education Report, dated 10/09/2024, revealed an all-staff in-service for abuse. The in-service specified how to report an allegation of abuse and to contact their supervisor immediately. The in-service was signed by LPN #1, next to her printed name.</p> <p>A review of an Employee Disciplinary Action dated 04/05/2025, revealed a verbal warning for failing to report a resident-to-resident incident signed at the bottom on 04/11/2025, with LPN #1's name.</p> <p>During an interview on 06/11/2025 at 3:44 PM, LPN #1 reported her employment period with the facility had been off and on for 10 years. LPN #1 confirmed the last abuse in-service was within the last month, and many times over the last 10 years. LPN #1 indicated, with suspected or alleged abuse, it was the expectation of nursing staff to notify the DON or the Administrator. LPN #1 confirmed the progress note that revealed Resident #2 reported being kicked by someone over the night, dated 11/01/2024, was her documentation. LPN #1 reported texting the DON and the Administrator about the incident. LPN #1 was unable to verify that any documentation was available to verify the notification, stating, I just messed up, I didn't document everything that I should have. LPN #1 confirmed that the expectation of direct contact for reporting allegations of abuse was not a new policy, it had always been the expectation. LPN #1 reported the DON had provided retraining and a disciplinary warning had been given.</p> <p>During an interview 06/12/2025 at 1:23 PM, the DON confirmed all staff were expected to report allegations of abuse immediately in person or via phone to their direct supervisor, the DON or the Administrator. The nursing staff had not been trained to notify the DON or Administrator, via text notification, of abuse allegations. During orientation and at least quarterly, all staff were trained to report an allegation of abuse or neglect immediately to their supervisor. The DON confirmed that the physician and the resident ' s responsible party were expected to be notified of an allegation of abuse. The state agency was expected to be notified within two hours, after the notification of an allegation of abuse. The DON confirmed that LPN #1 had not reported the allegation of abuse to any administrative staff. The DON reported that LPN #1 had been retrained and disciplinary action had been taken due to the failure to report the allegation of abuse at the time it was reported to LPN #1 by the resident.</p> <p>(continued on next page)</p> | | |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 06/12/2025 at 1:45 PM, the Administrator indicated when an allegation of abuse was reported, an investigation was immediately initiated and reported to the state agency within two hours. The Administrator confirmed the expectation of staff was to report the allegation immediately to their supervisor, the DON, or the Administrator, either in person or via phone conversation. The Administrator indicated all staff were trained on abuse reporting during orientation, at least quarterly, and through in-service training. The Administrator confirmed, with any allegation of abuse, it was the facility ' s policy to notify the physician and the resident ' s responsible party. The Administrator confirmed that LPN #1 had not reported Resident #2's allegation of abuse on 11/01/2024, to either the Administrator or the DON. The Administrator confirmed that staff were expected to follow the facility ' s policies, and the charge nurse was expected to notify the physician and responsible party when a resident had a change of condition.</p> <p>A review of a facility policy titled Abuse, Neglect and Maltreatment revealed that an alleged violation is an allegation reported by staff or others but has not been investigated, physical abuse included kicking, and employee training indicated that existing staff would receive retraining annually, and as needed. Employees were expected to report allegations of abuse immediately to the Administrator. The abuse allegation investigation was expected to be initiated immediately, investigated thoroughly, and reported to the appropriate state agency within two hours.</p> |