

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Belvedere Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Park Ave Hot Springs, AR 71901	

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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff followed care planned interventions requiring one staff member to perform transfers with gait belt to promote resident safety and prevent injury for 1 (Resident #2) of 3 sampled residents who required one-person transfers with a gait belt. This failed practice resulted in actual harm for Resident #2, who was transferred without the use of a gait belt and sustained a dislocation of the shoulder, proximal humerus fracture, ligamentous injury, and clavicle injury.</p> <p>The findings are:</p> <ol style="list-style-type: none"> The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/26/2025, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11 (8-12 indicated the resident had moderate cognitive impairment). Resident #2 had diagnoses of age-related osteoporosis, osteoarthritis of hip, other chronic pain, vitamin D deficiency, displaced fracture of surgical neck of left humerus, closed fracture. Resident #2 's Care Plan with a revision date of 12/20/2023, indicated, Focus: (Resident #2) has an ADL self-care performance deficit related to impaired mobility; Intervention: Transfer: (Resident #2) requires extensive assist of 1 staff and a gait belt for transfers between surfaces The Closet Care Plan Form dated 09/14/2023, for Resident #2 that was observed in Resident #2 's closet on 03/13/2025 indicated that resident needed assistance of one [staff member] and instructed staff to utilize a gait belt with all transfers. A form titled Witness Statement Form completed by Certified Nursing Assistant (CNA) #1 on 01/08/2025 at 5:55 PM, indicated Certified Nursing Assistant (CNA) #1 assisted Resident #2 to bed. Resident #2 was in [Resident #2] wheelchair beside the bed. CNA #1 did not use a gait belt and grasped Resident #2's left upper arm. CNA #1 lifted Resident #2 and transferred the resident to the bed supporting part of the resident ' s weight by their left arm and pivoted the resident to the bed. CNA #1 indicated that Resident #2's arm popped while transferring resident. CNA #1 indicated that Resident #2 complained a little about their arm hurting so she ran and got the nurse. <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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>d. A form titled Witness Statement Form completed by Licensed Practical Nurse (LPN) #1, on 01/08/2025 at 5:55 PM, indicated Licensed Practical Nurse (LPN) #1 was passing meds when CNA #1 alerted him that Resident #2 complained of shoulder pain after hearing a loud pop during transfer. LPN #1 assessed Resident #2 shoulder and determined that it was necessary to notify the on-call provider. LPN #1 indicated that Resident #2's shoulder popped when moving the arm and the movement caused the resident 7/10 pain, resident indicated that the pain was minimal when not moved.</p> <p>e. A form titled Witness Statement Form for Resident #2 was written by LPN #1 on 01/08/2025 at 10:00 PM, LPN #1 took Resident #2 's statement as to how resident 's arm/shoulder was hurt. Resident #2 indicated that CNA #1 was helping me out of my wheelchair. Resident #2 indicated that CNA #1 was not going slow, but did not know how to explain it. Resident #2 indicated that 'it ' (shoulder) popped and began to hurt immediately. Resident #2 indicated that CNA #1 went to get help after that.</p> <p>f. A form titled Emergency Department [Named], date 01/08/2025, Medical Decision Making: Differential diagnosis includes dislocation of the shoulder, proximal humerus fracture, ligamentous injury, clavicle injury. X-ray of the shoulder is pending to further evaluate</p> <p>g. A form titled Emergency Department [Named] Imaging Services dated 01/08/2025, indicated findings: Mildly displaced transverse fracture through the surgical neck of the humerus.</p> <p>h. A form titled Academy: CARE Academy with a completion date 08/29/2024, For CNA #1 shows CNA #1's Skill Assessments were completed on 08/29/2024, Return demonstration - Transfers and Gait Belt, progress 100 percent.</p> <p>i. Undated Gait Belt, Use of Policy provided by the Administrator on 03/14/2025, indicated gait belts will be utilized for any resident transfers.</p> <p>j. The Undated Care Plan Policy provided by the Administrator on 03/14/2025, indicated, facility will develop and review the care plan of each resident.</p> <p>k. On 03/12/2025 at 12:03 PM, this surveyor spoke with Resident #2. Resident #2 indicated they could tell their shoulder was injured after the improper transfer. Resident #2 stated, The girl (CNA #1) was kind of rough with me and she does not work here anymore. Resident #2 indicated that [Resident #2] had heard they were having a lot of complaints about the CNA that hurt [Resident #2]. This surveyor asked Resident #2 where they were when CNA #1 helped the resident up and caused the injury. Resident #2 indicated [Resident #2] was in [Resident #2 's] wheelchair in [Resident #2 's] room and wanted to go to bed. Resident #2 indicated that CNA #1 did not use a gait belt and grabbed [Resident #2] under the arm and then it popped and hurt. Resident #2 demonstrated that CNA #1 grabbed their upper arm (left) under the shoulder, and then stated, it got a little broke. Resident #2 stated She (CNA #1) was helping me from the wheelchair to the bed and she (CNA #1) was rough. If she would have been careful it would not have happened.</p> <p>l. On 03/13/2025 at 9:25 AM, CNA #4 was asked how they know a resident needs one person or two-person assistance with transfers. CNA #4 indicated staff utilized the closet care plan. CNA #4 was asked how often the closet care plan was checked. CNA #4 stated Every day, because it can change. CNA #4 was asked if she had been in-serviced on transfers. CNA #4 stated Yes, less than 6 months ago. CNA #4 was asked how a resident that needed one person assistance should be transferred. CNA #4 stated With a gait belt.</p> <p>(continued on next page)</p>		

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