

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Valley Springs Rehabilitation and Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  228 Pointer Trail West Van Buren, AR 72956	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on observation, interviews, record review, and facility document review, it was determined that the facility failed to ensure a comprehensive assessment accurately reflected a resident ' s status and needs for 1 (Resident #236) of 1 sample mix residents reviewed for comprehensive care plan development.</p> <p>The findings are:</p> <p>During an observation on 1/21/25 at 11:56 AM, this surveyor observed Resident #236 with an oxygen concentrator in the room running at five (5) liters per minute (LPM). A breathing device used to treat sleep apnea (Bilevel Positive Airway Pressure (Bipap)) was also observed in the resident ' s room.</p> <p>Review of Resident #236's admission Record dated 1/7/2025 noted the resident was admitted with diagnoses of acute respiratory failure with low oxygen (hypoxia), chronic obstructive pulmonary disease (COPD), and obstructive sleep apnea.</p> <p>Review of the admission Nursing Evaluation, dated 1/7/2024, noted 8. Review of Systems A. Respiratory: 5. Does the resident have, need or use any of the following? a. Oxygen c. CPAP. 5c. CPAP/ BiPAP/ Trilogy specify (order, frequency, settings, when to apply/ remove and any pertinent information) see chart.</p> <p>Review of Resident #236's Care plan dated 1/8/2025 noted the resident had altered respiratory status with difficulty breathing related to diagnoses. Used oxygen and continuous positive airway pressure (CPAP) see medical doctor (MD) orders.</p> <p>Review of the Medicare 5- Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/9/2025 noted in Section O0110. Special Treatments, Procedures, and Programs G2. Bi-pap No; G3.</p> <p>Review of the Order Summary Report dated 1/22/2025 noted BiPAP settings: fI02 40%, IPAP 10, EPAP 5, Rate 12. There were no directions on the order to monitor settings or frequency of use.</p> <p>Review of Resident #236's Medication Administration Record (MAR) dated January 2025 did not have an area to document CPAP/ BiPAP use.</p> <p>During an interview with Resident #236 on 1/23/25 at 9:50 AM, Resident #236 confirmed wearing the bi-pap every night. The resident verified staff did not monitor bi-pap settings.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 1/24/2025 at 10:10 AM, she confirmed Resident #236 wore a bi-pap nightly and she confirmed the comprehensive assessment for</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #236 was inaccurate as it did not document the resident had a bi-pap.</p> <p>During an interview with the MDS Coordinator on 1/24/2025, she confirmed the Medicare 5-day MDS did not note the resident had a bi-pap.</p>