

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Innisfree Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  301 South 24th Street Rogers, AR 72758	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to send home health referrals prior to discharge for 1 (Resident #200) of 2 residents reviewed for discharge process.</p> <p>Findings include:</p> <p>On 11/14/2024 at 2:35 PM, the Administrator stated the facility did not have a policy for the discharge process but could ask the Nurse Consultant to find one. The Administrator stated they had not seen one, had no access to one, and did not use one in their discharge process.</p> <p>A review of an admission Record, indicated the facility admitted Resident #200 with diagnoses that included right femur fracture, muscle weakness, abnormalities of gait and mobility, anxiety disorder, hypertension, and tachycardia.</p> <p>Review of a Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/12/2024, revealed Resident #200 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Discharge planning was noted as actively occurring and the resident wished to return to the community in less than three months, but referrals were not started.</p> <p>A review of Resident #200's Care Plan dated 07/12/2024, revealed the resident had an Activities of Daily Living (ADL) self-care performance with limited physical mobility, and was at high risk for falls. Interventions included assistance by one staff member to move between surfaces, physical therapy (PT), and occupational therapy (OT).</p> <p>A review of the Order Summary Report, revealed, an order dated 07/17/2027, to discharge home with PT, OT, nursing, and CNA.</p> <p>A review of Nursing Discharge Instructions, effective date 07/19/2024 revealed, Resident #200 had home health set up to provide physical therapy, occupational therapy, a certified nursing assistant (CNA), and nursing services. This was signed by the facility representative at discharge on [DATE].</p> <p>During an interview on 11/13/2024 at 12:41 PM, Social Services Director (SSD) stated Resident #200's referral was either faxed one or two days prior to discharge. SSD stated, they did not keep any fax confirmations and could not prove when this referral was faxed.</p> <p>During an interview on 11/13/2024 at 2:22 PM a representative from the home health agency stated, faxed referrals for services were received from the facility on 07/23/2024 at 10:33 AM.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the home health agency fax confirmation receipt revealed a received date and time stamp of 07/23/2024 at 10:33AM on the fax coversheet and an order dated 07/17/2024 at 8:16 AM to discharge home with PT, OT, nursing, and CNA.</p> <p>On 11/14/2024 at 11:31 AM, Resident #200's family member stated the home health agencies did not start any services until 07/25/2024. The home health staff spoke with Resident #200 about her health status and the resident sought medical treatment at a local hospital on [DATE].</p> <p>During an interview on 11/14/2024 at 2:35 PM, the Administrator stated when referrals were faxed, the SSD would get a fax confirmation and keep it. When informed Resident #200's home health agency had confirmation, the referral was faxed two days post discharge and the resident had a delay in care the Administrator stated, Well I guess that's that, it should not be done after discharge.</p>		