

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Covington Court Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 Old Greenwood Rd Fort Smith, AR 72903	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to ensure oxygen was administered only when ordered by a physician to prevent potential respiratory complications for 1 (Resident #17) sampled resident reviewed for oxygen therapy.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Verbal and Facsimile Orders, dated October 1, 2010, indicated, I. Verbal orders are those given to the nurse by the physician in person or by telephone, however, are not written by the physician in the medical record. a) Enter the verbal orders into the medical record. e) Follow through with orders by contacting the pharmacy and lab as appropriate .</p> <p>A review of the Face Sheet, indicated the facility admitted Resident #17 with diagnoses that included hypertensive chronic kidney disease; chronic kidney disease, stage 3; and generalized anxiety disorder.</p> <p>The annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/25/2024, revealed Resident #17 had special treatments procedures and programs which included oxygen therapy.</p> <p>A review of Resident #17's Care Plan, revealed there was no current use of the care plan due to no care plan being available for oxygen therapy.</p> <p>A review of the Physician Orders, revealed Resident #17 had no order for oxygen therapy.</p> <p>During an observation on 07/29/2024 at 11:58 AM, Resident #17 had a nasal cannula in place and an oxygen concentrator was in use. The oxygen rate setting was at two liters per minute. The oxygen tubing was wrapped around the leg of the over-the-bed table. Oxygen signage was present on the door frame outside of the room.</p> <p>During an observation on 07/30/2024 at 2:01 PM, Resident #17 was lying supine in bed. The oxygen concentrator was at the bedside with oxygen tubing inside a plastic bag and attached to the oxygen concentrator.</p> <p>During an interview on 07/31/2024 at 11:27 AM, the Assistant Director of Nursing (ADON) confirmed there was no order for Resident #17 to have oxygen therapy and no care plan was noted for the oxygen therapy.</p> <p>During an interview on 07/31/2024 at 1:45 PM, the Unit Manager reported that Resident #17 had been</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on oxygen. The unit manager brought the new order to the surveyor showing that oxygen therapy had been discontinued on 07/25/2024.</p> <p>On 07/31/2024 at 1:50 PM, the Unit Manager reported that the oxygen equipment and supplies had been removed from Resident #17's room.</p> <p>During an interview on 08/01/24 at 9:30 AM, the Minimum Data Set (MDS) Coordinator #2 stated the nurses can add interventions to the care plans, and that in the morning meetings, new orders and fall interventions were discussed to make sure they were placed on the care plans and to address any issues.</p> <p>During an interview on 08/01/2024 at 10:35 AM, the Director of Nursing (DON) confirmed the orders were reviewed each morning in the clinical meeting and new interventions were discussed. The DON stated that the Unit Manager should be adding the interventions to the care plans and that the charge nurses could also make changes and add to the care plan. When asked who was responsible for carrying out orders. The DON reported that when orders are discontinued, the nurse who took the order is responsible to remove any items from the resident's room that are no longer required.</p>		