

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045366	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Heritage Square Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 710 No Ruddle Road Blytheville, AR 72316	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to monitor and supervise severely cognitively impaired residents and ensure exit door codes were secured to prevent elopement for one (Resident 46) of three residents reviewed for wandering/elopement.</p> <p>It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.25 (Quality of Care) at a scope and severity of J.</p> <p>The IJ began on 6/29/2024 at approximately 8:10 pm, when Resident #46 used a door code provided by facility staff to exit the facility without staff knowledge and travel unattended down a nearby street to a point approximately 250 feet away.</p> <p>The Administrator was informed of the IJ at 5/06/2025 at 4:10 PM, and notified it was considered to be Past Non-Compliance (PNC).</p> <p>The findings are:</p> <p>Per an interview with Restorative Certified Nursing Assistant #1 (RCNA #1) on 5/06/2024 at 12:03 PM and her witness statement on 6/29/24, Resident #46 was observed by a staff member at approximately 8:10 PM inside the lobby, near the front door. Resident #46 used the code and exited through the front door of the facility without supervision. A friend of the RCNA#1, who lived approximately 250 feet from the facility, noticed Resident #46 outside her home. She notified RCNA#1 and called the facility to alert them of the resident's location. RCNA #1 returned to the facility and noticed Resident #46 at the caller's driveway. She also noticed Certified Nursing Assistant (CNA) #4 running toward Resident #46. CNA #4 pushed Resident #46 back to the facility via a manual wheelchair at approximately 8:40 PM.</p> <p>According to a search on a weather application for historical weather information, on 6/29/2024, the high was 93 degrees Fahrenheit, low 82 degrees, and the sunset was at 8:20 pm.</p> <p>Per observation, the facility was located on a two-lane street.</p> <p>A review of an admission Record indicated Resident #46 was initially admitted to the facility on [DATE] with a diagnosis of unspecified focal traumatic brain injury after being struck by a car. Resident #46 was admitted to the facility directly from a hospital.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 045366
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/17/2024 indicated Resident #46 had a Brief Interview for Mental Status (BIMS) score of 6 (0-7 indicates severe cognitive impairment) at the time of the elopement. Section GG0115 noted the resident utilized a manual wheelchair for mobility and has right-sided weakness for upper extremity limitations and lower extremity weakness in both legs.</p> <p>A review of the Facility Reported Incident (FRI), revealed a witness statement from CNA #3, stating she last saw Resident #46 at about 8:10 PM near the front door. An in-service for all staff regarding missing persons/elopement protocol was initiated on 6/29/24 and completed on 7/4/24. New wandering/elopement assessments were completed on all residents 6/29/24. New wandering/elopement risk assessments were initiated and completed on 6/29/2024. The exit code to doors were changed immediately (6/29/2024) and have been changed every month and/or as needed. A log was maintained of the previous codes. This step was initiated on 6/29/2024 and is ongoing. Resident #46 was immediately placed on the secured unit on 6/29/2024.</p> <p>On 05/05/2025 at 11:38 AM, Resident #46 was observed sitting in their wheelchair in Resident #46's room. When asked about the incident on 06/29/2024, Resident #46 confirmed they were across the street from the facility in a wheelchair, almost a block away. Resident #46 stated it was hot outside at the time of the elopement, and that they (the resident) were outside for approximately 30 minutes.</p> <p>During an interview on 05/06/2025 at 12:08 PM, Former Director of Nursing (Former DON) #2 stated she was familiar with Resident #46 and remembered the incident on 6/29/2024. Former DON #2 stated she was notified of the incident and came back to the facility to notify family and the provider. She confirmed she completed the assessment on Resident #46 upon their return to the facility and confirmed there were no injuries noted.</p> <p>During an interview on 05/06/25 at 12:03 PM, RCNA #1 confirmed she was notified Resident #46 was down the street from the facility on 6/29/2024. RCNA #1 confirmed at the time of the incident, residents that were considered not at risk of elopement had the exit code to the front door. She also stated that Resident #46 did not have exit seeking behaviors to her knowledge. RCNA #1 stated the person that lived in the house where the resident was found kept the resident in her line of sight until staff arrived. RCNA#1 confirmed the facility completed an in-service related to elopement protocol following the incident.</p> <p>During an interview on 5/06/25 at 2:50 PM, Former CNA #4 confirmed she was the staff member that assisted Resident #46 back to the facility on 6/29/2024. She stated Resident #46 was very sweaty when she brought the resident back to the facility. Former CNA #4 stated she was unsure of the time, but confirmed it was almost dark. She stated it was down the street and confirmed it was about 250 feet away from the facility. She stated the resident was upset and wanted to go to the liquor store. Former CNA #4 stated no injuries were reported to Resident #46.</p> <p>A review of the Elopement Policy, dated March 2019, indicated the steps the staff would take in case of an elopement. and noted, The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents.</p> <p>During an interview on 05/08/25 at 1:07 PM, the Administrator stated that Resident #46 was now alert with a BIMS score of 15. He also stated, The facility is changing the exit codes now monthly. We take the resident out front with supervision, and (Resident #46) seems satisfied with that.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/08/25 at 10:05 AM, the Nurse Manager confirmed Resident #46 continued to improve under their care, both physically and mentally. She denied ever knowing Resident #46 to have exit seeking behaviors. She confirmed that Resident #46 did have noted behaviors and did not make good choices at times.</p> <p>Per a review of the Facility Reported Incident Folder for 06/29/2024, the facility completed an investigation and implemented a plan or correction which was initiated on 06/29/2024 and completed on 07/4/2024.</p> <p>Following this incident, and prior to the survey entrance date, the facility identified and addressed the issue with the following corrective actions:</p> <ol style="list-style-type: none"> 1. On 06/29/2024, Resident #46 was placed on the secured unit following their return to the facility. 2. On 06/29/2024 elopement assessments were completed for all residents including Resident #46. The care plan for each resident identified at high risk of elopement was reviewed and updated as necessary. 3. On 06/29/2024 the administrator/designee initiated an in-service for staff on elopement and/or wandering. All staff have/will be in-serviced prior to working their next shift. The in-service was completed on 07/04/2024. <p>On 06/29/2024, exit door codes were changed, and continue to be changed monthly or as needed.</p> <p>On 06/29/2024, staff was orders to monitor behaviors and triggers for Resident #46</p> <p>On 06/30/2024, window stoppers were placed on the windows of the secured unit to prevent residents from opening the windows and removing screens to leave the facility.</p> <p>Upon entry to the facility, the survey team was able to verify the corrective actions put into place by the facility had been completed. Resident #46 was placed on the secured unit per review of the census record within the electronic medical record. Elopement assessments were completed for all residents including R #46 per review of the Assessment section in the electronic medical record. The care plan for each resident identified at high risk for elopement was reviewed in the electronic medical record and updated as necessary. On 6/29/2024, the Former Director of Nursing initiated an in-service for all staff on Wandering and Elopement. All staff were in-serviced prior to working their next shift per staff interviews. Staff interviewed was 4 CNAs, 2 LPNs, the DON, Administrator, and the Medical Director to verify understanding of in-services. All staff involved with the incident were interviewed. The in-service was completed on 7/04/2024. The Immediate Jeopardy was removed on 07/04/2024.</p>		