

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Briarwood Nursing and Rehabilitation Center,inc		STREET ADDRESS, CITY, STATE, ZIP CODE 516 So Rodney Parham Rd Little Rock, AR 72205	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on observations, record reviews and interviews, it was determined that the facility failed to immediately report to the Office of Long-Term Care (OLTC), an allegation of verbal and physical abuse for one (Resident #317) of one resident reviewed for abuse and neglect.</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of an Office of Long Term Care (OLTC) Incident and Accident Report with a discovery date of 03/31/2025 revealed the ADON was called to the room of Resident #317, where Resident #317 reported two facility Certified Nursing Assistants (CNAs) had gotten the resident out of bed following an episode of incontinence. Resident #317 alleged one CNA pushed the resident ' s shoulder into the wall and verbally abused them. The resident was unable to identify the alleged perpetrator. A review of an admission Record indicated the facility admitted Resident #317 with diagnoses that included mild cognitive impairment, anxiety disorder, and psychophysiologic insomnia. <ol style="list-style-type: none"> The admission Minimum Data Set with an Assessment Reference Date of 03/17/2025 revealed Resident #317 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The MDS indicated Resident #317 did not have verbal, physical, or other behaviors symptoms directed toward others. The Care Plan Report, initiated 03/11/2025, did not identify Resident #317 as exhibiting behaviors or delusions, or making false accusations towards staff. During a phone interview on 05/14/25 at 09:21 AM, the officer who responded to a call regarding the incident stated he received a phone call from the facility, arrived at the facility, and was told the incident happened on the March 23 or 24, 2025. The officer interviewed the staff and spoke with the alleged victim and their spouse. The officer reported he was told the resident had dementia of some sort and had been known to have delusions. He stated the resident only said, they were black, when asked to identify the alleged perpetrators, and was unable to provide names. The officer stated, There were no witnesses or physical signs of abuse, but I made the report. During an interview on 05/14/25 02:20 PM, the Assistant Director of Nursing (ADON) stated, After the investigation it was determined there were no findings to indicate any abuse happened. The family was informed and satisfied with the results. During an interview on 05/15/25 08:40 AM, the Administrator stated, It couldn't have happened because there was one white CNA and one black CNA working that night. She stated, The investigation <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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>was conducted by the team and discussed with QA with no findings to support the claim.</p> <p>6. During an interview on 05/15/25 10:40 AM, the ADON was asked if the abuse allegation should have been reported. She stated, No, we were able to prove with the internal investigation it did not happen and there were not two black girls that night.</p> <p>7. During an interview on 05/15/25 11:10 AM, the Administrator was asked if the abuse allegation had been reported to the State Agency. The Administrator stated it had not. When asked if it should have been reported, the Administrator stated, No, we completed our internal investigation and proved there were not two black girls giving her a bath.</p> <p>8. During an interview on 05/15/25 01:04 PM, the Director of Nursing (DON) was asked if the abuse allegation should have been reported. She stated, It was reported to the police officers. She stated, I don't think it should have been reportable because of our internal investigation was completed.</p> <p>9. During a phone interview on 05/15/25 02:15 PM, the Medical Director said she was familiar with Resident #317 and was notified of what happened. She was asked if the abuse allegation should have been reported to the State Agency. She stated, No, the facility completed an investigation with no findings, the family was informed and satisfied with the investigation.</p>