

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/10/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2024
NAME OF PROVIDER OR SUPPLIER Chapel Ridge Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4623 Rogers Ave 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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff sat at eye level while assisting residents with meals/snacks to promote dignity for 3 (Residents #14, #22, and #31) of 3 sampled residents. The findings are:</p> <p>The Annual Minimum Data Set (MDS), dated [DATE], revealed Resident #14 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. The resident required set up or clean up assistance for eating.</p> <p>Review of Resident #14's Care Plan, revised on 1/4/2023, revealed the resident had an activity of daily living (ADL) self-care performance deficit related to disease of dementia. Interventions initiated on 8/8/2022 included supervision and set up help by one staff to eat.</p> <p>On 02/12/24 at 01:08 PM, Licensed Practical Nurse (LPN) #2 was observed to stand on the left side of resident in the dining room and gave resident a bite of meal. LPN #2 did not sit beside Resident #14 and did not sit at eye level to assist Resident #14 with meal.</p> <p>The Admission Record indicated the facility admitted Resident #22 with a diagnosis of heart failure.</p> <p>The Quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The resident required substantial/maximum assistance for sit to stand and chair/bed to chair transfers.</p> <p>Review of Resident #22's Care Plan, initiated 11/30/2021, revealed the resident had an ADL self-care performance deficit related to age. Interventions dated 2/2/2022 included the resident requires extensive assistance by 2 staff to move between surfaces and as necessary.</p> <p>On 02/12/24 at 12:02 PM, the window blinds were open and two men were observed outside Resident #22's room window. Resident #22 was sitting in a recliner in the room. Certified Nursing Assistant (CNA #5) and Licensed Practical Nurse (LPN) #1 lifted the resident using a gait belt and transferred them into a wheelchair near the recliner. Staff did not close the blinds while assisting the Resident.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/14/2024 at 2:18 PM, CNA #6 was asked, How do you ensure resident's dignity is maintained during meals? CNA #6 stated, Give full attention, talk to them, sit next to them. CNA #6 was asked, Why should staff sit at eye level when assisting residents with meals? CNA #6 stated, I would think it would be intimidating. CNA #6 was asked, How do you ensure resident's privacy is maintained during care? CNA #6 stated, Door closed, curtain pulled, window blinds closed. CNA #6 was asked, Why should window blinds be closed while providing care to a resident? CNA #6 stated, I'm sure it's embarrassing, I would want them closed, for privacy and dignity.</p> <p>On 2/14/2024 at 2:29 PM, Licensed Practical Nurse (LPN) #4 was asked, How do you ensure resident's dignity is maintained during meals? LPN #4 stated, Respect their preferences. LPN #4 was asked, Why should staff sit at eye level when assisting residents with meals? LPN #4 stated, It's more personable, not intimidating. LPN #4 was asked, How do you ensure residents privacy is maintained during care? LPN #4 stated, Closed the door, pull curtain, keep covered, closed window blinds for dignity. LPN #4 was asked, Why should window blinds be closed while providing care to a resident? LPN #4 stated, To maintain privacy.</p> <p>46723</p> <p>5. Resident #15 had diagnosis of Atrioventricular block, completed on 1-25-2021. The Annual MDS with an Assessment Reference Date of 12-20-2023 documented the resident scored 05 (0-7 indicates severe cognitive impairment) on a BIMS.</p> <p>a. On 2/14/24 at 1:51 PM, Resident #15 asked if they were finished with lunch. The Resident stated, Yes, I didn't like the meal. The Resident's meal tag documented a standing order that included a slice of bread. There was no slice of bread on the plate. The Surveyor asked, Did you eat the piece of bread or receive a piece of bread? The resident stated, No.</p> <p>6. Resident #31 had a diagnosis of Alzheimer's disease, unspecified. A Quarterly MDS with an ARD of 1-18-2024 documented, Should Brief Interview for Mental Status be Conducted . No .(resident is rarely/never understood) severe cognitive impairment.</p> <p>a. On 02/13/24 at 03:33 PM, the Surveyor observed CNA #4 standing in front of resident #31 who was sitting in geriatric chair, feeding the resident a snack while conversing with another person.</p> <p>7. On 2/14/2024 at 2:38 PM, the Director of Nursing (DON) was asked, How do you ensure resident's dignity is maintained during meals? The DON stated, Sit eye level. The DON was asked, Why should staff sit at eye level when assisting residents with meals? The DON stated, Make resident comfortable, and resident don't feel intimidated. The DON was asked, How do you ensure residents privacy is maintained during care? The DON stated, Door, curtain, and blinds closed.</p> <p>8. Review of a facility policy, Resident Rights, dated June 2001, specified, Each resident is informed of the Resident [NAME] of Rights, and the Facility's Policies and Procedures regarding resident rights, upon admission, as evidenced the resident's or designated representative's written acknowledgment. The staff of the facility is trained and involved in the implementation of these policies and procedures. Each and every resident in this facility has the right to: Receive adequate and appropriate medical care, nursing care, protective and support services, and personal cleanliness in a safe and clean environment. To be treated with consideration, respect and full recognition of dignity and individuality. To privacy during treatment and care of personal needs.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>46723</p> <p>Based on observation, interview, and record review the facility failed to ensure a Minimum Data Set (MDS) accurately reflected the presence of contractures to bilateral wrists to facilitate planning, coordination, and provision of necessary care for 1 (Resident #66) of 1 sampled residents who had contractures to the wrist. The findings are:</p> <ol style="list-style-type: none"> 1. On 2/12/24 at 2:38 PM, a contracture was observed in the resident ' s right wrist. 2. On 2/14/24 at 1:27 PM, the contracture was observed in the right wrist of Resident #66. 3. Resident #66 had a diagnosis of Unspecified psychosis not due to a substance or known physiological condition. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11-21-2023 documented, Should a brief interview mental status be conducted. No, (resident is rarely/never understood. 4. A Physician Progress Note from Arkansas Health Center dated 7/12/2022 documented, .Physical Exam: Initial weight on admission 183.8, Blood Pressure (BP) 100/52, 121/50 on repeat. Heart rate is between 60-90 bpm. He is afebrile. Resident was examined in his [geriatric] chair with nurse present. He seems to track with his eyes. He is seems to track with his eyes. He is nonverbal. I cannot get him to open his mouth to see his teeth at this point. His neck is supple. He does have an obvious right clavicle fracture and deformity. His heart is regular without murmur. Lungs are clear bilaterally. Abdomen is soft and nontender. Percutaneous endoscopic gastrostomy tube in place. Genital and rectal: not done. Extremities: he has bilateral wrist contractures. He has no lower extremity edema . 5. On 2/15/2024 at 11:13 AM, Licensed Practical Nurse (LPN) #2 was asked if Resident #66 was assessed for Range of Motion (ROM)/Mobility, upon admission. LPN #2 said, the Skilled Nurse does them. LPN #2 was asked, Did the nurse notice if the resident had contractures upon admission. The LPN #2 said, No, he did not. LPN #2 was asked, What interventions are in place for Resident #66. LPN # 2 said, They turn and reposition. 6. On 2/15/24 at 11:26 AM, the Director of Nursing (DON) was asked, have Resident #66's contractures gotten better or worse, since admission. The DON said, No, contractures are not worse, they're the same. The DON was asked, how did Resident #66 obtain the contractures. The DON said, I do not know. The DON was asked, who does the ROM/Mobility Assessment upon admission. The DON stated, Physical Therapy Nursing and Charge Nurse on duty. 7. On 2/15/24 at 2:00 PM, the DON said the facility did not have a policy on Range of Motions/Contractures. 		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48808</p> <p>Based on observation, record review, and interview the facility failed to ensure that residents who required assistance with activities of daily living were regularly provided assistance with grooming to include the shaving of facial hair for 1 (Resident #58) of 1 sampled resident. The findings are:</p> <p>a. The Quarterly Minimum Date Set with an Assessment Reference Date of 11/06/2023, revealed Resident #58 had a Brief Interview for Mental Status score of 3, (0-8 indicates severe cognitive impairment), and that the resident required extensive assistance with activities of daily living (ADLs).</p> <p>b. On 02/12/2024 at 01:23 PM, the resident was observed with facial hair at a length of between 5 and 6 millimeters (mm).</p> <p>c. On 02/12/2024 at 4:07 PM, the resident was observed with facial hair at a length of between 5 and 6mm.</p> <p>d. On 02/13/2024 at 10:45 AM, the resident was observed with facial hair at a length of between 6 and 7mm.</p> <p>e. On 02/13/2024 at 2:35 PM, the resident was observed with facial hair at a length of between 6 and 7mm.</p> <p>f. On 2/13/2024 at 2:35 PM, Certified Nursing Assistant (CNA) #1 was asked, Are you the CNA for Resident #58 and why has he not been shaven? CNA#1 stated, I don't know, and I do not shave him on my shift. CNA #1 was asked, Who shaves the resident and when is the resident shaved? CNA #1 stated, It's on shower day, 3-11, and I am at home. In response to the question, when are shower days and why is it important to shave the resident? CNA #1 replied I don't know when shower days are and the beard gets scruffy.</p> <p>g. On 2/13/2024 at 2:46 PM, LPN #1 was asked, When is the resident shaved? LPN #1 stated, I don't know, I think it is on Tuesdays and Fridays, 3-11 shift by the CNAs. The LPN provided a document that documented a shower on 2/06/2024 at 10:27 PM, followed by a bed bath on 2/09/24 at 10:54 PM, for the previous week. LPN #1 was asked, Does the showers or bed baths include shaving or is it listed separate? and stated, Showers and bathing include shaving. The surveyor asked, Where is it documented he had been shaved? LPN #1 stated, It doesn't but I am sure he was shaved. In response to the question, Why should the resident be shaved? LPN #1 replied, So, he does not have a scruff.</p> <p>h. On 2/13/2024 at 2:52 PM, LPN #1 provided a document titled Personal Hygiene with a separate column Task Completed and stated, I found the document that he was shaved with shaving tasks completed dated 2/12/24 at 12:42 AM, 10:07 AM, 9:32 PM, 11:37 PM and 2/13/24 at 11:09 AM.</p> <p>i. On 02/14/24 at 09:57 AM in an interview, with the Director of Nurses (DON), in response to the question, When was the resident shaved according to this task completion form? The DON stated, The task form shows that he was shaved on 12:42 AM, 10:07 AM, 9:32 PM, 11:37 PM and on 2/13/24 at 11:09 AM, but it was not done.</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316</p> <p>Based on observation, record review, and interview, the facility failed to ensure necessary care and services were provided to manage injuries of unknown origin, failure to report and investigated to rule out possible abuse, and the delay in possible treatment for 1 (Resident #22) of 1 sampled resident. The findings are:</p> <p>A review of an Admission Record indicated the facility admitted Resident #22 with a diagnosis of Heart failure.</p> <p>The Quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The resident required substantial/maximum assist for sit to stand and chair/bed to chair transfers.</p> <p>Review of Resident #22's Care Plan, initiated on 10/26/2023, revealed the resident was on antiplatelet therapy (aspirin) as prophylactic. Interventions included daily skin inspection and report abnormalities to the nurse.</p> <p>A review of the facility Incident & Accident, dated 9/13/2023 through 2/10/2024, revealed Resident #22 was bumped/struck on 1/15/2024. There were no other incidents documented for R#22.</p> <p>A review of Resident #22's Progress Notes, dated 1/15/2024 through 2/8/2024, revealed no documentation for the dark purple, red in color area located 3 fingers above the right antecubital area.</p> <p>A review of Resident #22's Nursing Weekly Skin Audit, dated 2/6/2024, revealed no new skin issues at this time.</p> <p>Review of a facility policy, Incident and Accident, dated 11/22/2027, specified, All incidents and accidents occurring in the Facility or its premises will be investigated and reported to the Administrator and Director of Nursing. An incident or accident is an incident or unusual occurrence where there is apparent injury, or where injury may have occurred. An incident may also be allegations or suspicions of, or actual incidents of abuse, neglect, or misappropriation of property. All incidents and accidents will be reported (immediately or as soon as practicable) to the Administrator and the Director of Nursing. As soon as practicable, the attending physician and family representative will be notified of the incident or accident and the resident's medical condition. Completion of Incident & Accident (I & A) Report: The Charge Nurse, or Designee, will conduct an immediate investigation of the incident or accident; complete the appropriate sections of the Incident and Accident Reporting form; collect witness statements; and sign the form. All Incident and Accident Reports will maintained on file in the Facility for a period of five years.</p> <p>On 02/12/24 at 12:02 PM, Certified Nursing Assistant (CNA) #5 was observed to place a gait belt around resident waist and secured. A dark purple approximately 2 centimeters in diameter was observed in the middle of resident right upper arm. LPN #1 was observed to assist resident on the left side and CNA #5 on the right side, staff lifted resident up using a gait belt and transferred resident into a wheelchair near by the recliner.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/12/2024 at 3:06 PM, Resident #22 was observed lying in bed. A dark purple, red colored area, approximately 2 centimeters in diameter, was observed 3 fingers above the right antecubital area on the right arm.</p> <p>On 2/14/2024 at 8:53 AM, Resident #22 observed lying in bed. A dark purple, red in color area, approximately 2 centimeters in diameter, was observed 3 fingers above the right antecubital area on the right arm.</p> <p>On 2/14/2024 at 2:18 PM, CNA #6 was asked what is an injury of unknown origin? CNA #6 stated, An injury you are unsure of where it came from, like a bruise or cut, I didn't see the day before. CNA #6 was asked when are injuries of unknown origin reported and to whom? CNA #6 stated, Immediately to the nurse. CNA #6 was asked why should an injury of unknown origin be reported? CNA #6 stated, To make sure there is no mistreatment and for safety. CNA #6 was asked how did Resident #22 obtain the dark purple, red area above the right anti-cubital area? CNA #6 stated, I don't know, I guess I didn't notice it, but it should be reported.</p> <p>On 2/14/2024 at 2:29 PM, Licensed Practical Nurse (LPN) #4 was asked, what is an injury of unknown origin? LPN #4 stated, Injury you don't know where it came from or how it happened. LPN #4 was asked, when are injuries of unknown origin reported and to whom? LPN #4 stated, Immediately to the DON and Administrator and the physician. LPN #4 was asked, why should an injury of unknown origin be reported? LPN #4 stated, To rule out possible abuse, implement treatment or care. LPN #4 was asked how did Resident #22 obtain the dark purple, red area above the right anti-cubital area? LPN #4 stated, I don't know.</p> <p>On 2/14/2024 at 2:38 PM The Director of Nursing (DON) was asked what is an injury of unknown origin, with examples? The DON stated, Injury where we don't know how it happened, like broken bone, skin tear, or bruising. The DON was asked when are injuries of unknown origin reported and to whom? The DON stated, Report to the supervisor, charge nurse, the DON and the Administrator. The DON was asked why should an injury of unknown origin be reported? The DON stated, Make sure we investigate to make sure it's not abuse. The DON was asked how did Resident #22 obtain the dark purple, red area above the right anti-cubital area? The DON stated, I don't know, I haven't seen that one. The DON verbally confirmed the last Incident & Accident report for Resident #22 was on 1/16/2024.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>46723</p> <p>Based on observation, interview, and record review, the facility failed to ensure an order was made for Physical Therapy after the Admission Assessment for 1 (Resident #66) of 1 sampled resident for contractures of the wrists. The findings are:</p> <p>On 2/12/24 at 2:38 PM, there was a contracture of the resident's right wrist.</p> <p>On 2/14/24 at 01:27 PM, there was a contracture of the resident's right wrist.</p> <p>On 2/14/24 at 1:28 PM, the Surveyor asked Certified Nursing Assistant (CNA #3) if Resident #66 had a splint for the contracture of the right wrist. CNA #3 stated, He did, but it caused his hand to swell and was uncomfortable. He is no longer wearing it. The Surveyor asked if the resident was receiving Physical Therapy (PT) for his contractures, CNA #3 stated, I do not know.</p> <p>On 02/14/24 at 1:36 PM, the Surveyor asked Licensed Practical Nurse (LPN) #2 if she knew who ordered a splint for Resident #66's right wrist contracture. LPN #2 looked through records and was unable to provide any information.</p> <p>On 2/14/24 at 2:12 PM, the Surveyor asked the Nurse Consultant (NC) if she could identify who ordered a splint for resident #66. The NC stated, After looking, the mom of [Resident #66] brought the splint in. The splint caused swelling and pain and they removed it and took it back home with them. The NC stated, I am putting an order for Physical Therapy (PT) to assess resident and see if they can help.</p> <p>On 2/15/24 at 11:26 AM, the Surveyor asked the Director of Nursing (DON) if Resident #66's contractures had gotten better or worse since admission. The DON said, No, contractures are not worse, they're the same. The DON was asked, How did Resident #66 obtain the contractures? The DON said, I do not know. The DON was asked, Who does the ROM/Mobility Assessment upon admission. The DON stated, Physical Therapy Nurse and Charge Nurse on duty.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 39316</p> <p>Based on observations, record review, and interviews, the facility failed to ensure the environment was as free of potential accident hazards as possible, as evidenced by failure to ensure unlabeled medicine cups containing a white cream like substance was contained and not left out in residents rooms; and failed to ensure residents dependent on staff for transferring, were transferred safely using a gait belt, to prevent potential accidents or possible for falls, for 2 (Resident #22 and #61) of 2 sampled residents. The findings are:</p> <p>A review of an Admission Record indicated the facility admitted Resident #22 with a diagnosis of heart failure.</p> <p>The Quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The resident required substantial/maximum assist for sit to stand and chair/bed to chair transfers.</p> <p>Resident #22's Care Plan, initiated 11/30/2021, revealed the resident had an activity of daily living (ADL) self-care performance deficit related to age. Interventions dated 2/2/2022 included extensive assist by 2 staff to move between surfaces and as necessary.</p> <p>A facility policy titled, Gait Belts, Use of, dated 11/22/2026, specified, Gait Belts will be utilized for any resident transfers (sit to stand; stand to sit; sit to sit) or for resident ambulation that requires assistance. The caregiver will position himself appropriately for sit-to stand and stand-to sit transfers by standing in front of the seated resident and assisting with balance by holding on to both sides of the gait belt as the resident rises or returns to the seated position.</p> <p>A facility policy, Resident Rights, dated June 2001, specified, Each resident is informed of the Resident [NAME] of Rights, and the Facility's Policies and Procedures regarding resident rights, upon admission, as evidenced the the resident's or designated representative's written acknowledgment. The staff of the facility is trained and involved in the implementation of these policies and procedures. Each and every resident in this facility has the right to: Receive adequate and appropriate medical care, nursing care, protective and support services, and personal cleanliness in a safe and clean environment.</p> <p>On 02/12/24 at 12:02 PM, Resident # 22 was observed sitting in a recliner in room with regular thin socks on feet. Certified Nursing Assistant (CNA) #5 was observed to place a gait belt around R#22 waist and secured. Licensed Practical Nurse (LPN) #1 was observed to assist resident on the left side and CNA #5 on the right side, CNA #5 and LPN #1 lifted R#22 up using a gait belt and transferred the resident into a wheelchair near the recliner. Resident #22 feet slid while being transferred into the chair. CNA #5 removed the gait belt from resident waist. LPN #1 and CNA #5 lifted R#22 up using the back of resident's pants and under the resident arms and lifted resident to a sitting position in the wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/14/2024 at 2:18 PM, CNA #6 was asked how do you transfer Resident #22. CNA #6 stated, With a gait belt and 2 people. CNA #6 was asked how do you pull a resident up who is sliding in a wheelchair, to a sitting position? CNA #6 stated, I'd have a second person, one on each side, one arm under the resident arm, and pull up with pants. CNA #6 was asked why should staff not use the back of resident 's pants to pull a resident up to a sitting position? CNA #6 stated, Not rip pants or give any skin issues, they could fall if their pants rip. CNA #6 was asked what fall interventions are used when transferring a resident from a recliner to wheelchair, and what should be on the residents ' feet? CNA #6 stated, With a gait belt and 2 people, grippy socks or grippy shoes. CNA #6 was asked, is R#22 full weight bearing? CNA #6 stated, No, she can help a little, but for the most part, no.</p> <p>On 2/14/2024 at 2:29 PM, LPN #4 was asked how is Resident #22 transferred? LPN #4 stated, 2 person assist. LPN #4 was asked how do you pull a resident up who is sliding in a wheelchair, to a sitting position? LPN #4 stated, With a gait belt, and stand the resident up to reposition. LPN #4 was asked why should staff not use the back of resident 's pants to pull a resident up to a sitting position? LPN #4 stated, Because you are giving them a wedgie. LPN #4 was asked what a wedgie was. LPN #4 stated, Pulling the brief up in the back, it could rip their brief, it could cause sheering and friction. LPN #4 was asked what fall interventions are used when transferring a resident from a recliner to wheelchair, and what should be on the residents ' feet? LPN #4 stated, Should have footwear like non-skid socks, use a gait belt, follow the closet care plan make sure the wheelchair is locked. LPN #4 was asked is R#22 full weight bearing? LPN #4 stated, I wouldn't think so.</p> <p>On 2/14/2024 at 2:38 PM, the Director of Nursing (DON) was asked how do you pull a resident up who is sliding in a wheelchair, to a sitting position? The DON stated, With a gait belt and staff assist. The DON was asked why should staff not use the back of resident 's pants to pull a resident up to a sitting position? The DON stated, Because it could give them a wedgie, it could cause an injury. The DON was asked what fall interventions are used when transferring a resident from a recliner to wheelchair, and what should be on the residents feet? The DON stated, Appropriate amount staff, gait belt, proper footwear, shoes or non-skid socks. The DON was asked is Resident #22 full weight bearing? The DON stated, She is supposed to be weight bearing.</p> <p>2. The Admission Record indicated the facility admitted Resident #61 with a diagnosis of Chronic kidney disease.</p> <p>The Quarterly MDS, dated [DATE], revealed Resident #61 had a BIMS score of 15, which indicated the resident was cognitively intact. The resident was dependent on staff for toileting.</p> <p>Resident #61's Care Plan, initiated 4/12/2022, revealed the resident had mixed bladder incontinence related to (r/t) activity intolerance, disease process, history of urinary tract infection (uti), physical limitations. Interventions initiated on 4/12/2022, included clean peri-area with each incontinence episode.</p> <p>On 02/12/24 at 12:04 PM, Resident # 61 was lying in bed, an unlabeled clear medicine cup with a white gritty paste was observed sitting on the dresser in the room. Resident # 61 was asked, do they put cream on you? Resident #61 stated, yes. Resident #61 was asked where do they put the cream? Resident stated, on my bottom. Resident #61 was asked how often do they apply it? Resident #61 stated, every time they change me.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Chapel Ridge Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4623 Rogers Ave Fort Smith, AR 72903	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/12/24 at 12:58 PM, an unlabeled, clear medicine cup with a white gritty paste like substance was observed sitting on Resident #61 ' s dresser.</p> <p>On 02/12/24 at 03:05 PM, an unlabeled, clear medicine cup with a white gritty paste like substance was observed sitting on Resident #61 ' s dresser.</p> <p>On 2/13/2024 at 3:19 PM, CNA #7 was asked what is the skin protectant that is used on Resident #61? CNA #7 stated, skin protectant ointment.</p> <p>On 2/13/2024 at 3:24 PM, LPN #5 was asked what skin treatment does Resident #61 currently have in place? LPN #5 stated, triad daily, I put it on every shift. LPN #5 was asked to look at a picture of an unlabeled medicine cup with a white cream like substance in it and was asked what it was. LPN #5 stated, it looks like triad. LPN #5 was asked why should an unknown and unlabeled medicine cups containing a white cream like substance not be left out in a resident room? LPN #5 stated, because it's a hazard. LPN #5 was asked who was responsible for ensuring unknown and unlabeled medicine cups containing a white cream like substance not be left out in a resident room? LPN #5 stated, the nurses.</p> <p>On 2/14/2024 at 2:38 PM, the DON, what asked why should unlabeled medicine cups containing a white cream like substance, not be left out in resident ' s rooms? The DON stated, all residents are not cognitively intact and could get it and eat it, it's a hazard. The DON was asked who is responsible for ensuring unlabeled medicine cups containing a white cream like substance is not left out in residents ' room? The DON stated, everybody.</p> <p>On 2/14/2024 at 3:22 PM, the DON stated, we don't have a policy on any of those things you asked for.</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46723</p> <p>Based on observation, interview, and record review the facility failed to ensure the narcotics box was permanently affixed in 1 of 2 medication rooms (D Hall) refrigerator. The findings are:</p> <p>On 2/14/2024 at 8:53 A.M., the Surveyor observed in the medication room on D Hall that the narcotic box in the refrigerator was not permanently affixed.</p> <p>On 2/14/2024 at 9:18 AM, the Surveyor asked Licensed Practical Nurse (LPN) #2, what do you do with expired medications. LPN #2 stated, We take them up front, record them in a blue book, and they're put in a lock box. LPN #2 was asked, why must the narcotic box be attached to the shelf or wall of the refrigerator. LPN #2 stated, because they are narcotics and can't be taken out the door. LPN #2 was asked, Who has keys to the medication room and narcotic box on D hall. LPN #2 stated, Only D hall nurses.</p> <p>On 2/14/2024 at 9: 23 AM, the Surveyor handed the locked narcotic emergency box to the Nurse Consultant (NC) who stated, Yes, I know, and we are going to take care of that now.</p> <p>On 2/14/2024 at 10:02 AM, the Surveyor asked LPN #2, How often do you check the medications on this cart for expirations. LPN #2 stated, Every time. LPN #2 was asked, Do you work every day, and stated, No, but usually, 5 or 6 days a week.</p> <p>On 2/14/2024 at 10:05 AM, the Surveyor asked the NC who has keys to the medication room and narcotic box. The NC stated, Only the D hall nurses do.</p> <p>On 2/15/2024 at 2:00 PM, the Director of Nursing (DON) provided a policy titled, Medication Storage in the Facility, which documented, Procedures C. Controlled substances that require refrigeration are stored within a locked box within the refrigerator.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316</p> <p>Surveyor: [NAME], [NAME]</p> <p>Based on observation, record review, and interviews, the facility failed to ensure resident standing orders/food preferences were honored to promote good nutritional intake and promote resident's choices for 2 (Resident #22 and #15) of 2 sampled residents. The findings are:</p> <p>A review of an Admission Record indicated the facility admitted Resident #22 with a diagnosis of heart failure.</p> <p>The Quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The resident required setup/clean up assistance for eating.</p> <p>Resident #22's Care Plan, initiated 5/10/2022, revealed the resident had a nutritional problem or potential nutritional problem related to (r/t) leaves 25% or more of food uneaten at most meals. Interventions included, provide, serve diet as ordered; initiated on 5/10/2022.</p> <p>A facility policy, Diet History, Food and Beverage Preferences, and Tray Enhancements, dated 5/9/2023, specified, All residents will be interviewed for a diet history with food and beverage preferences documented. Tray enhancements such as high-calorie, high-protein foods, fortified foods, and other food interventions will be initiated as needed to maintain nutritional parameters. Food and beverage preferences will be noted on the tray ticket and honored at meal services when possible.</p> <p>On 2/14/2024 at 12:45 PM, Resident # 22 was served a meal consisting of a bowl of chili, a baked potato with sour cream, a slice of chocolate dessert, a salad with dressing, crackers, 240 cubic centimeters (ccs) of tea, and 240 cc of pink lemonade. Resident #22 meal tray card documented: standing orders: 8 fl. ounces (oz) of tea iced. Resident #22 was not served 8 oz of tea.</p> <p>On 2/14/2024 at 1:04 PM, Certified Nursing Assistant (CNA) #1 was asked, on the meal tray card, under standing orders, is standing orders a preference or actual standing orders? CNA #1 stated, it's the resident preference. CNA #1 was asked who is responsible for ensuring residents preferences are followed during meal service? CNA #1 stated, dietary and myself, I stand at the window and make sure they have everything on their tray. CNA #1 was asked why should resident preferences be followed during meal service? CNA #1 stated, to make sure they eat and get what they like. CNA #1 was asked why didn't Resident #22 receive 8 ounces of iced tea for lunch? CNA #1 stated, I don't know, whoever passed the tray should have made sure she got it.</p> <p>(continued on next page)</p>		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 2/15/2024 at 1:55 PM, Dietary #3 was asked on the meal tray cards, what does the standing order mean? Dietary #3 stated, it's a standing order, Dietary #1 gave the orders, it means they are supposed to get it at every meal. Dietary #3 was asked who is responsible for ensuring residents receive the standing order at meal service? Dietary #3 stated, the cook, dietary aid, the restorative nursing aide (RNA), we are supposed to check and make sure dislikes are not on the tray and make sure the standing orders are on the tray. Dietary #3 was asked why should residents standing orders be honored during meals? Dietary #3 stated, to make sure they eat what they like and drink what they like, make sure they get a full course meal.</p> <p>46723</p> <p>2. Resident #15 had diagnosis of Atrioventricular block. The Annual MDS with an ARD of 12/20/2023 documented the resident scored 05 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status.</p> <p>a. On 2/14/24 at 1:51 PM, Resident #15 was asked if she was finished with her lunch. She stated, Yes, I didn't like the meal. Resident #15 had drunk her chocolate magic shake. The Surveyor looked at the resident's meal tag and her standing order had a slice of bread. There is no slice of bread on her plate. The Surveyor asked, did you eat the piece of bread or receive a piece of bread, the resident stated, No.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39316</p> <p>Based on record review, observation and interview, the facility failed to ensure foods in the freezer were sealed and contained to minimize the potential for foodborne illness and prevent cross contamination in 1 of 1 kitchen. The findings are:</p> <p>Review of a facility policy, Food Storage, dated 11/15/2019, specified, Food is stored and prepared in clean safe sanitary manner that will comply with state and federal guidelines. To minimize contamination and bacteria. Containers for bulk items, (flour, sugar, etc.), are leak proof, nonabsorbent, sanitary, National Sanitation Foundation Institute (NSF) approved and have tight fitting lids, Containers are to be label and dated with contents. All food not in original containers are to be labeled and dated and stored in NSF approved containers.</p> <p>On 02/12/24 at 11:16 AM, rounds were made in the kitchen with Dietary Employee (DE) #1.</p> <p>On 02/12/24 at 11:20 AM, A plastic resealable freezer bag containing an opened bag of tator tots was not sealed and contained in the freezer.</p> <p>On 02/12/2024 at 11:30 AM, DE #1 stated, We will fix the zipper bag and get rid of the bread before you come back.</p> <p>On 2/14/2024 at 1:00 PM, DE #2 was asked why should food items in the freezer be sealed and contained? DE #2 stated, We don't want air to get into it or spoil. DE #2 was asked who was responsible for ensuring food items in the freezer were sealed and contained? DE #2 stated, Everyone.</p> <p>On 2/15/2024 at 1:55 PM, DE #3 was asked why should food items be sealed and contained during storage? DE #3 stated, So there is no ice buildup and not go bad and to keep it fresh.</p> <p>On 2/15/2024 at 2:00 PM, Licensed Practical Nurse (LPN) #2 was asked why should food be sealed and contained during storage? LPN #2 stated, To keep fresh and to keep anything from getting into it and to preserve it.</p>		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>39316</p> <p>Based on record review and interview, the facility failed to ensure the Quality Assurance and Performance Improvement program [QAPI] Committee developed and implemented appropriate plans of action to prevent repeated deficiencies for (F812) Food Procurement, Store/Prepare/Serve. This failed practice had the potential to affect 86 residents. The findings are:</p> <p>1. A Recertification survey was conducted on 11/18/2022 at the facility. During this survey, the team identified concerns with food storage.</p> <p>a. A review of the facility's Plan of Correction, with a completion date of 12/14/2022 indicated the Dietary Manager/Designee will monitor all items stored in the refrigerator to ensure that all items are labeled, dated when received, opened, and expiration date. This will be monitored 5 times a week for 8 weeks or until compliance is verified by OLTC (Office of Long Term Care). Any negative findings will be corrected immediately and reported to QA (Quality Assurance).</p> <p>2. A Recertification survey was conducted on 2/9/2024 at the facility. During this survey, the team identified concerns with food storage. Cross Reference F812.</p> <p>3. A review of the policy titled, Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI), dated 10/18/2022, specified, It is the policy of the facility to develop a QAPI plan in accordance with federal guidelines to describe how the facility will address clinical care, resident quality of life and residents' choice, based on the scope and complexity of services defined by the Facility Assessment. The plan will include effective data collections systems to identify, collect and use data relevant to the unique characteristics and needs of the facility's residents, including feedback and input from direct care staff, other staff, residents, and resident representatives, and how such information will used to monitor and identify adverse events and problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</p> <p>5. On 2/16/2024 at 8:59 AM, the Administrator was asked, how does the QAA (Quality Assessment and Assurance) Committee know when an issue arises in any department? The Administrator stated, It's brought to us, we have an open door policy and it's based on data as well. The Administrator was asked how does the QAA Committee know when a deviation from performance or a negative trend is occurring? The Administrator stated, Data or by observation. The Administrator was asked how does the QAA Committee decide which issues to work on? The Administrator stated, Any issues that arise or if the data increases, quality measures. The Administrator was asked how long will the QAA Committee monitor an issue that has been corrected? The Administrator stated, A few months. The Administrator was asked, is the QAA Committee aware of repeated survey deficiencies? The Administrator stated, Yes. The Administrator was asked, did the Committee implement corrective action? The Administrator stated, Yes. The Administrator was asked, is the Committee monitoring to ensure corrective action has been implemented? The Administrator stated, Yes.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48808</p> <p>Based on observation and interview, the facility failed to ensure the staff's personal belongings were not stored on the laundry folding table with the resident ' s clothing and blankets. This failed practice had the potential to affect 86 residents. The findings are:</p> <p>a. On 02/15/24 at 10: 07 AM, during a tour of the laundry room, two backpacks, two outside coats, and several pens and notebooks, were located on the same folding table with the resident's clothes and blankets.</p> <p>b. On 02/15/24 at 10:10 AM, Laundry Aides #2 and #3 were asked, What do you use this folding table for? Laundry Aide #2 replied this is the folding table for the resident's clothes and blankets. The Surveyor asked, Who does the backpacks, coats, pens, and notebooks belong to. Laundry Aide #3, stated, Us and promptly removed her backpack, and coat. The Surveyor asked, Should personal items be on the resident's folding table? Laundry Aide #2 stated, No, because it might get mixed up with our stuff. The Surveyor asked, Where does the backpacks coats, pens and notebooks belong? Laundry Aide #3 stated, In the other room.</p> <p>c. On 02/15/24 at 10:15 AM, Laundry Supervisor #1 was asked, What is the folding table used for, does personal staff belongings belong on the folding table, and where do personal staff belongings go? The Laundry Supervisor #1 stated, The folding table is used for the resident's belongings, personal belongings belong in the staff personal area, and it can spread germs to the residents.</p> <p>d. On 02/15/24 at 10:37 AM, the Director of Nursing (DON) was asked, if the staff's personal belongings should be on the folding table with the resident's clothes and blankets? The DON stated, The folding table is used for the residents and personal belongings are a no no. The Surveyor asked, Do you have an Infection Control policy for the Laundry? The DON stated, We do not have a policy.</p>		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48808</p> <p>Based on observation, and interview, the facility failed to maintain residential rooms in a safe, clinical condition to provide a homelike manner for safety without signs of damage in 3 (Rooms 203, 208 and 302) rooms. The findings are:</p> <p>a. On 02/15/2024 at 10:20 AM, when exiting room [ROOM NUMBER], to the lower left interior door, the beige vinyl baseboard molding was detached from wall measuring 8 inches.</p> <p>b. On 02/15/2024 at 10:25 AM, in room [ROOM NUMBER] to the lower right of the sink vanity, the beige vinyl baseboard molding was pulling away from wall and a 3-inch section was [NAME] out towards the bathroom sink.</p> <p>c. On 02/15/2024 at 10:30 AM, when exiting room [ROOM NUMBER], to the lower right interior door, the beige vinyl baseboard molding was detached from wall.</p> <p>d. On 02/15/2024 at 10:45 AM, Maintenance #1 was asked, Were you aware of the vinyl baseboard molding in Rooms 203, 208 and 302 separating from the wall? Maintenance Supervisor confirmed, Baseboard molding is coming off walls throughout facility. It was put up five years ago. Not enough glue was used.</p> <p>e. 02/15/2024 at 11:00 AM, Licensed Practical Nurse (LPN) #4 was asked, What is the process for requesting rooms to be repaired? LPN #4 stated, We put it in the maintenance log or tell the Maintenance Supervisor.</p> <p>f. On 2/15/2024 at 11:05 AM, the Maintenance #1 was asked how he was notified when repairs were needed. Maintenance #1 stated, They either tell me or write in the maintenance log. But mostly they tell me, or I see it and fix it. The Surveyor asked if he had been notified of the baseboard molding coming off. Maintenance #1 stated, No, I have not. The vinyl trim in the facility is a problem.</p> <p>g. On 02/16/24 at 08:46 AM, the Director of Nursing (DON) was asked, Are you aware of the loose vinyl trim in Rooms 203, 208 and 302? The DON stated, I was not.</p>		