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

Printed: 11/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Legacy Health and Rehabilitation ((X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 3310 North 50th Street Fort Smith, AR 72904	(X3) DATE SURVEY COMPLETED 12/16/2022 P CODE				
For information on the nursing home's	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few							

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: 045267

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

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety	m. On 12/15/22 at 10:57 AM, The Surveyor asked CNA #1 (Certified Nursing Assistant) who was working the South Hall on 12/2/22, Will you tell me about [R #1's] fall on December 2nd [second]? CNA #1 stated, She was down on the floor. I think she had Dementia because she was talking about a plane crash. The nurse came in and made sure she was okay, and we put her to bed. The Surveyor asked CNA #1,, Did you see anything unusual? She stated, Nothing we could see.				
Residents Affected - Few	n. On 12/15/22 at 11:44 AM, the Surveyor asked the DON, Should the bed alarm have been in place for [R #1] since it was care planned? She stated, No, because it is considered a restraint and we don't use them.				
		urveyor asked the DON, Should the ne r [R #1] was found on the floor? She st			
	p. On 12/15/22 at 12:20 PM, the Surveyor asked the Administrator, Who is responsible for ensuring the Care Plan interventions are correct and being followed? The Administrator stated, The Care Unit Manager and the nursing sub committees discuss those throughout the week.				