

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  The Woods, A Nightingale Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1194 N Chester St Monticello, AR 71655	

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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>49596</p> <p>Based on interview and record review, the facility failed to act as a responsible fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. The facility failed to separate accounting for each resident's funds and to ensure each resident received interest payments each month on the funds in their accounts.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On 04/04/2024 at 09:15 AM, during record review, the Business Office Manager (BOM) presented the Surveyor with the Trial Balance for the Patient Trust Fund account. The account is maintained by (fund management system), a contracted company that manages the resident's trust fund accounts. The Trial Balance shows two accounts with negative balances, one in the amount of -\$1,104.00 and one in the amount of -\$1,283.75; and one account with a balance of \$16,026.18. When asked why these accounts had a negative balance, the BOM and Administrator stated that these negative balances were due to 3 resident social security checks being deposited into one resident's account, which has a balance of \$16,026.18.</li> <li>On 04/04/2024 at 11:43 AM, during an interview the BOM was asked how these negative balances and the \$16,026.18 amount in the one resident's account affects the amount of interest the other residents could have or should have earned. The BOM stated I could not begin to tell you. This is what they sent me. The BOM then hands the Surveyor a letter from [named company providing resident trust fund services]. The letter explains how they allocate the interest each month. The letter states that interest is allocated to each resident account based on their daily accrual throughout the month.</li> <li>During record review, the interest is not being allocated to the residents with the negative balances; and the account where the other resident's monies are being deposited is earning interest on the monies that do not belong to the that resident.</li> <li>During record review, the resident statement landscape from (fund management system) shows reversals of monies from one account up through 09/14/2023 but then it has allowed the other residents monies to continue to build in this account.</li> <li>On 04/04/2024 at 11:43 AM, during record review, the BOM presented a breakdown of the residents affected. The note reflects 7 residents were affected showing as far back as a year.</li> </ol> <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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>6. The 7 Resident Trust Accounts have been affected by this non-compliance accounting practice. All accounts have the potential to be affected by the amount of interest being distributed.</p> <p>7. On 04/04/2024 at 07:00 PM, review of the Management of Resident and Elder Trust policy provided by the Administrator documented, .The Social Security Amendments of 1994 . \$100 for minimum amount of resident/elder funds that facilities must entrust to an interest-bearing account. The nursing facility has established and maintains a system that assures a full, complete, and separate accounting of funds entrusted to the nursing facility on the Resident/Elder's behalf . Resident/Elders' funds are not commingled with nursing facility funds . A Medicaid resident/elder shall be notified when the amount in his/her account reaches \$200 less than the SSI resource limit for one person .</p>		

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<p>F 0568</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>49596</p> <p>Based on interview, record review, facility document review and facility policy review, it was determined that the facility failed to maintain separate accounting for each resident's funds.</p> <p>The findings include:</p> <p>1. A review of [fund management system company] Trial Balance for the Patient Trust Fund account shows two accounts with negative balances, one in the amount of -\$1,104.00 and one in the amount of -\$1,283.75; and one account with a balance of \$16,026.18. During the interview with the Business Office Manager (BOM) and Administrator they were asked why these accounts had a negative balance, the BOM and Administrator stated that these negative balances were due to 3 resident's social security checks being deposited into one resident's account, which had a balance of \$16,026.18.</p> <p>2. A review of the Management of Resident and Elder Trust Accounts 42 C.F.R. 483.10(f)(10), policy, not dated, documented, .The Social Security Amendments of 1994 . \$100 for minimum amount of resident/elder funds that facilities must entrust to an interest-bearing account. The nursing facility has established and maintains a system that assures a full, complete, and separate accounting of funds entrusted to the nursing facility on the Resident/Elder's behalf . Resident/Elders' funds are not commingled with nursing facility funds . A Medicaid resident/elder shall be notified when the amount in his/her account reaches \$200 less than the SSI resource limit for one person .</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37925</p> <p>Based on observation, interview and record review, the facility failed to ensure fingernails were clean, smooth, and trimmed to promote good personal hygiene and grooming for 1 (Resident #49) sampled resident who required staff assistance for nail care.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of the March 2024 Order Summary noted Resident #49 had a diagnosis of Type 2 diabetes, Dementia, and Presbyopia (eyes inability to focus on nearby objects).             <ol style="list-style-type: none"> <li>a. Review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/08/2024 documented Resident #49 had a Brief Interview for Mental Status (BIMS) score of 03 (00-07 indicates severe cognitive impairment).</li> <li>b. Review of a Care plan revised on 11/08/2023 documented Resident #49 had an ADL [activities of daily living] self-care performance deficit and required limited assistance of one staff member with bathing and personal hygiene.</li> <li>c. Review of the ADL-Bathing sheets documented Resident #49 received physical help in part of the bathing activity on 03/20/2024, 03/22/2024, 03/25/2024, 03/27/2024, 04/01/2024 and 04/23/2024.</li> <li>d. During observation on 04/01/2024 at 12:30 PM, Resident #49 was sitting at the dining room table waiting for the lunch meal to be served. The fingernails on both hands were greater than 0.25 inch in length, jagged and had a dark brown substance underneath the nails.</li> <li>e. During observation on 04/02/2024 at 04:14 PM, Resident #49 was sitting up on the right side of the bed, awake and the fingernails on both hands were greater than 0.25 inch in length, jagged and had a dark brown substance underneath them.</li> <li>f. On 04/03/2024 at 10:29 AM, during an interview, Certified Nursing Assistant (CNA) #3 confirmed that she was familiar with Resident #49's care and was asked to look at the resident's fingernails and describe them. She described them as needing to be clipped down, a little orange and a little brown looking under the nails and they could be shaped. She added that shower aides would do nail care for Resident #49 while in the shower. She confirmed that Resident #49's nails should be trimmed and smoothed because the nails could easily get infected and because of the possibility of germs. If a resident refused nail care, it was reported to the charge nurse.</li> <li>g. During record review the Director of Nursing (DON) provided a single piece of paper that documented the following, Nursing Standards of Care are used regarding nailcare: Nails are checked and cleaned on resident's shower days as well as daily with care. Nails are trimmed as needed by CNAs unless the resident is diabetic. If the resident is diabetic, a licensed nurse must trim nails.</li> </ol> </li> </ol>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>49596</p> <p>Based on observation, interview, and record review, the facility failed to ensure care and services were provided to prevent new pressure ulcer development to a resident's skin to prevent avoidable pressure ulcers for 1 (Resident #30) of 1 sampled resident who had pressure ulcers and/or skin concerns.</p> <p>The findings include:</p> <p>1. Review of Resident #30's Electronic Healthcare Record dated March 5, 2024, documented Resident #30 had a right heel wound with dimensions of Right Heel Area 2.31 centimeter (cm); length 1.91 cm; width 1.65 cm, from March 29, 2024, area 1.2 cm; length 1.6 cm; width 1.03 cm. and from April 3, 2024, noting the right heel dimensions of area 1.01, length 1.26, and width 1.13, noting the width had worsened by 9%.</p> <p>a. Review of the Treatment Administration Record (TAR) noted the wound to the right heel was first noted in February with a one-time order noted in the TAR: cleanse right heel with wound cleanser, apply [antibiotic ointment], apply dry dressing. Monitor for s/s [signs/symptoms] of infection. one time only for pressure ulcer to right heel for 1 Day -Start Date-02/23/2024 at 11:00 PM.</p> <p>b. Review of the Physicians Orders, listed on March 2024, TAR documented, cleanse fluid filled pocket to right heel with wound cleanser, apply [named brand of wound dressing gel] and cover with 4x4's wrap with [named brand of gauze] secure with tape .until healed every day shift every Monday, Wednesday, Friday.</p> <p>2. Review of records provided by the Assistant Director of Nursing (ADON) wound pictures were presented dated 03/05/2024, identifying the wound to Resident #30 ' s left heel as an 8 hour old blister. The dimensions of the wound on Resident #30's left heel, with full view of the heel, were areas of 20.46 cm; length 6.95 cm; width 5.86 cm.</p> <p>a. During record review of the Wound Assessments with pictures of the wounds noted the wound, to the left heel was first noted in March with a physician's order listed on the March TAR which documented, cleanse left heel . pat dry, apply [named brand of wound dressing gel] and cover with dry dressing every day shift -Start Date-03/06/2024 0700-D/C (discontinue) Date-03/07/2024. and, cleanse left heel with wound cleanser, apply [named brand of wound dressing gel], cover with 4x4's wrap with [named brand of gauze], secure with tape .until healed. Every day shifts every Monday, Wednesday, Friday.</p> <p>b. During record review of a Wound Assessment with a photo of the wound identifying the wound to Resident #30 ' s left heel as one month old dated 04/03/2024 with the left heel area 15.7 cm; length 5.24 cm; width 4.04 cm, which depicted only a portion of the heel, indicating the wound had improved. The facility photos do not depict the full image of Resident #30's left foot, which allows its software to calculate an incorrect healing.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>c. During observation, the photo taken by the Surveyor during wound care on 04/02/2024 showed the full wound, where the facility photo does not reveal one third of the wound which is open. When the treatment nurse, LPN #1, went in to start the dressing change the pad under the left heel was noted to have fresh blood coming out from the dressing. As the nurse pulled back the dressing a large blood covered bandage was removed.</p> <p>3. During record review of the March 2024 TAR noted Resident #30 missed the Wednesday, March 20, 2024, and Friday March 22, 2024, treatments on the residents right and left heels, making it 7 days between treatments.</p> <p>4. During an interview on April 1, 2024, the Director of Nursing (DON) was asked if treatment was provided on 03/20/2024 and 03/22/2024 for Resident #30's heels. The DON looked in the TAR and noted those two days did not have documentation of treatment being provided to Resident #30. The DON paged overhead for LPN #1 to come to the DONs office. The DON asked LPN #1, Treatment Nurse, if she had provided the treatments on March 20, 2024, and March 22, 2024, for Resident #30. LPN #1 looked at the TAR and said, I must have forgotten to mark it, but I'm sure I did them. The Surveyor asked LPN #1 if she was working on those dates. LPN #1 stated Yes, I must have forgotten to write it down. The Surveyor asked LPN #1, Why it is important and what is the urgency of providing the treatment? LPN #1 stated, The urgency is to maintain and follow physician orders, so no infection sets in. The ultimate goal is to heal it.</p> <p>5. During record review of the medical records noted, Hot Rack charting began on April 1 noted an order for an antibiotic; Doxycycline 100 milligrams by mouth twice daily x 7 days for wound infection.</p> <p>6. During record review of the facility policy, The Wound Care Policy documents The purpose of this procedure is to provide guidelines for the care of wounds to promote healing . documentation .the following information should be recorded in the resident ' s medical record .the type of wound care given .the date the wound care was given .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<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>37925</p> <p>Based on observation, interview and policy review, the facility failed to ensure expired drugs and biologicals were removed from two of four medication storage rooms and failed to ensure drugs and biologicals were secured behind a locked compartment in one of four storage rooms to promote safety and decrease the potential for diversion of property in 1 of 1 facility (Census:74). The findings are:</p> <ol style="list-style-type: none"> <li>On 04/04/2024 at 02:05 PM, the Director of Nursing (DON) was interviewed regarding disposal of medications, and she stated that each nursing station had a bin for nurses to place medications that were no longer needed or expired. She added that she checks it weekly, removes the medications and they are sent out with the biohazard material.</li> <li>On 04/04/2024 at 02:20 PM, during observation of the Medication Storage Room located on the Memory Care Unit with Licensed Practical Nurse (LPN) #2 the following expired items were found: In the left upper cabinet there was a box of Ipratropium Bromide and Albuterol Sulfate 0.5-3 (2.5) MG (milligrams) for an unknown resident with an expiration date of 01/05/2024. LPN #2 stated that the resident was no longer here and that the box should not be up there, but she did not have a key to get into the lower right locked cabinet where they place expired medications. The upper far right cabinet had two 1 liter bottles of [enteral feeding] dated use before 1MAR2024 (March 1, 2024). She stated they did not have any residents who used those back there and was not sure why it was there.</li> <li>During observation on 04/04/2024 at 02:30 PM, this Surveyor was walking past the Medication Storage Room located on the East Hall across from the MDS (Minimum Data Set) office and observed the door was ajar. This Surveyor pushed the door and it opened. Upon observation of the metal storage shelf in the room, there was a bottle of Iron Supplement Liquid, 16 oz (ounces), with an expiration (exp.) date of 02/24 (February 2024). At 2:33 PM, this Surveyor asked LPN #3 to come to the room and she was given the bottle of Iron liquid, and she confirmed the exp. date of 02/24. She stated the door should have been closed.</li> <li>On 04/04/2024 at 03:20 PM, during an interview the DON was informed of the concerns for both medication storage areas and the door being jar. She stated the medication storage room on the East hall should have shut automatically.</li> <li>Review of the Storage of Medications policy provided by the DON on 04/04/2024 documented, .The facility stores all drugs and biologicals in a safe, secure, and orderly manner . 4.Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed . 6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use .</li> </ol>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>03508</p> <p>Based on observation, interview, and record review, the facility failed to ensure meals were served in a method that maintained the appearance of cold products and at temperatures that were acceptable to the residents to improve palatability and encourage good nutritional intake during meals observed. This failed practice had the potential to affect 6 residents who receive meal trays in their rooms on the East Hall, 6 residents who receive meal trays on the North Hall, and 12 residents who receive meal trays in their room on the South hall.</p> <p>The findings are:</p> <p>1. On 04/01/2024 at 03:32 PM, during an interview, Resident #55 was asked about the food here and the resident stated the temperature was lukewarm by the time it was delivered to the resident's room and if the resident eats in the dining room, the food is hot.</p> <p>2. On 04/01/2024 at 08:13 AM, during observation, an unheated food cart that contained 8 trays for lunch was delivered to the front hall by Certified Nursing Assistant (CNA) #1. At 08:27 AM, immediately after the last resident was served in their room on the front hall, the temperature of the food items on the tray used as test trays were taken and read by the Dietary Supervisor with following results:</p> <p>a. Milk - 55 degrees Fahrenheit.</p> <p>b. Biscuit and sausage with gravy - 111.7 degrees Fahrenheit.</p> <p>c. Scrambled eggs - 110 degrees Fahrenheit.</p> <p>d. Hash brown - 101.4 degrees Fahrenheit.</p> <p>3. On 04/02/2024 at 12:34 PM, during observation, an unheated food cart that contained 12 trays for lunch was delivered to the front hall by CNA #2. At 12:49 PM, immediately after the last resident was served in their room on the South Hall, the temperature of the food items on the tray used as test trays were taken and read by the Dietary Supervisor with the following results:</p> <p>a. Milk - 52 degrees Fahrenheit.</p> <p>b. Mixed vegetables - 108.9 degrees Fahrenheit.</p> <p>c. Meat loaf - 102 degrees Fahrenheit.</p> <p>d. Mashed potatoes - 110 degrees Fahrenheit.</p> <p>e. Ground meat loaf - 113 degrees Fahrenheit.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 03508</p> <p>Based on observation and interview, the facility failed to ensure expired food items were promptly removed from stock to prevent potential food borne illness for residents who received meal trays from 1 of 1 kitchen; foods stored in the refrigerator and dry storage area were covered and sealed to minimize the potential for food borne illness for residents who received meals from 1 of 1 kitchen; foods were dated when opened to assure first in, first out usage to prevent potential for food bone illness, cooking equipment, ceiling tiles and air vents were free of greasy food crumbs, stains and rust and were maintained in clean sanitary conditions to prevent potential for cross contamination; dietary staff. washed their hands before handling clean. equipment or food items to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen. These failed practices had the potential to 69 affect residents who received. meals from the kitchen, (total census: 72). The findings are:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 11:15 AM, the Surveyor observed two 32-ounce boxes of half and half on a shelf, with an expiration date of [DATE].</li> <li>2. On [DATE] at 11:23 AM, observed an open box of sausage on a shelf in the 2 door refrigerator. The box was not covered or sealed.</li> <li>3. On [DATE] at 11:27 AM, observed the deep fryer had a layer of yellow grease that was covered with a film of crumbs. The Surveyor asked the Dietary Supervisor how often she cleaned the deep fryer. The Dietary Supervisor stated, Every week and they had used it on Friday to fry fish.</li> <li>4. On [DATE] at 11:29 AM, during observation Dietary Employee (DE) #1 picked up the water hose with her bare hand, used it to spray leftover food from inside of the dishes, contaminating her hands. Without washing her hands, DE#1 picked up a clean blade and attached it to the base of the blender to be used in pureeing foods to be served to the residents on pureed diets for lunch. The Surveyor asked DE #1, What should you have done after touching dirty objects or before handling clean Equipment? DE #1 stated, I should have washed my hands.</li> <li>5. On [DATE] at 11:46 AM, observed a 46-ounce box of nectar thickened apple juice was on shelf in the storage room. The box had an expiration date of [DATE].</li> <li>6. On [DATE] at 12:13 PM, observed an open box of salt was inside a drawer. The box was not covered.</li> <li>7. On [DATE] at 12:15 PM, the following observations were made in the kitchen areas: <ol style="list-style-type: none"> <li>a. The air vent in the dish washing machine room had a rusty color.</li> <li>b. The ceiling tile and the air vent had discolored lint on them.</li> <li>c. The ceiling divider throughout the dish washing machine had brownish substances on it.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>d. The ceiling air vent above the food preparation counter, above the 2-compartment food preparation sink had dirty lint stuck on the slats.</p> <p>e. The ceiling air vent by the door leading to the storage room had lint hanging down from it.</p> <p>8. On [DATE] at 01:08 PM, observed an opened bag of breakfast cereal on a rack in the unit dining room. The bag was not sealed.</p> <p>9. On [DATE] at 01:45 PM, during observation the following food items were on a shelf in the refrigerator in the unit dining room and did not have an opened or received date on them:</p> <p>a. A bottle of original syrup.</p> <p>b. A bottle of 32 ounce Italian sweet creamer.</p> <p>c. A plastic storage bag that contained tuna salad. There was no name of whom the tuna salad belonged to or a date when it was stored in the refrigerator.</p> <p>d. An opened plastic storage bag that contained fried fish. There was no name on the bag to indicate whom it belonged to or when it was received or stored in the refrigerator.</p> <p>10. On [DATE] at 01:46 PM, the following observations were made in the cabinet located in the unit dining room:</p> <p>a. An opened bag of breakfast cereal. The bag was not sealed.</p> <p>b. An opened bag of sugar coated breakfast cereal. The bag was not sealed.</p> <p>c. A 32-ounce container of cheese balls. There was no opened or received date on the container.</p> <p>11. On [DATE] at 10:28 AM, during observation DE #2 turned on the 3-compartment sink faucet and washed the coffee container. She used her bare hand to turn off the faucet contaminating her hand. She then removed a bag of coffee from the bag and placed it in the brewer basket to be brewed and served to the residents for the noon meal. The Surveyor asked DE #2, What should you have done after touching objects and before handling clean equipment? DE #2 stated, I should have washed my hands.</p> <p>12. Review of the facility policy titled, Hand Washing and Glove Usage in Food Service, documented, .When to wash hands, wash your hands as often as possible. It is important to wash your hands: Before starting to work. After touching anything else such as dirty equipment, work surface or clothes .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  The Woods, A Nightingale Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1194 N Chester St Monticello, AR 71655	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>37925</p> <p>Based on observation, interview, and record review, the facility failed to ensure a raised toilet seat and outer toilet bowl was cleansed of a dark brown substance to promote a clean and sanitary environment for 1 (Resident #173) of 1 sampled resident who used the bathroom in their room. The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #173 had diagnoses of Legal blindness (small amount of useful vision) and Morbid obesity (more than 80 to 100 pounds over your ideal body weight). <ul style="list-style-type: none"> <li>a. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/06/2024 documented Resident #173 had a Brief Interview for Mental Status (BIMS) score of 11 (08-12 indicates moderately cognitive impaired) and required set-up or clean-up assistance with toileting hygiene.</li> <li>b. Review of the Care Plan with a review date of 12/26/2023 documented Resident #173 had an ADL (activities of daily living) self-care performance deficit and required assistance of staff for personal hygiene.</li> <li>c. Review of the Nurses Note dated 03/29/2024 at 07:04 (7:04 AM) documented, .Resident sleeping up in recliner with feet down. Assisted to bathroom per staff as needed .</li> <li>d. During an observation on 04/01/2024 at 12:02 PM, Resident #173 was not in the room. There was a raised gray toilet seat with a dark brown substance on the front of it. There was a dark brown substance on the outer front area of the toilet bowl.</li> <li>e. During an observation on 04/02/2024 at 04:08 PM, Resident #173 was sitting up in a recliner. There was a raised gray toilet seat with a dark brown substance on the front of it. There was a dark brown substance on the outer front area of the toilet bowl.</li> <li>f. During an observation on 04/03/2024 at 10:52 AM, Resident #173 was not in the room. There was a raised gray toilet seat with a dark brown substance on the front of it. There was a dark brown substance on the outer front area of the toilet bowl.</li> <li>g. On 04/03/2024 at 11:32 AM, during an interview Housekeeper #1 was asked to go to Resident #173's bathroom, look at the gray toilet seat and describe what she saw. She described the dark brown substance as stool (bowel movement). She was asked to do the same regarding the outer front of the toilet bowl and she described the dark brown substance as stool. She confirmed that housekeeping was responsible for cleaning the residents' bathrooms every day because the residents use them, and they could catch something if the bathrooms are not clean.</li> <li>h. Review of the Housekeeping Restrooms policy provided by the Director of Nursing (DON) documented, . Restrooms are a place where germs and bacteria fun wild and proper restroom cleaning can help us to ensure a safe and clean place for our patients, residents and coworkers .Toilet Damp wipe all surfaces of the toilet .Remove any visible soil at the top, bottom, back and front of the toilet .</li> </ul> </li> </ol>		