

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Piggott Healthcare & Senior Living, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 450 S 9th Ave Piggott, AR 72454	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>Based on record review and interview, the facility failed to notify the resident/resident representative or Power of Attorney (POA) in writing of the resident's transfer/discharge to the hospital as required for 1 (Resident #28) of 1 sample mix residents and to ensure the ombudsman was notified of transfers to the hospital. The findings are:</p> <p>On 06/23/2024 at 3:07 PM, the Surveyor interviewed Resident #28 and asked, Have you recently been to the hospital or emergency room for treatment? Resident #28 stated, Yes, last Monday from bleeding in my urine after an in and out cath.</p> <p>Review of Residents #28's Census Report dated 06/19/2024 documented, Census Event: Discharge- Return Expected. Resident #28 Census report dated 06/21/2024 documented, Census Event: Return. Admission Source: Transfer from a hospital.</p> <p>Review of Residents #28's Progress Notes revealed Resident #28 was admitted to the hospital on 06/19/2024 and returned to the facility on [DATE].</p> <p>On 06/25/2024 at 10:56 AM, during review of Resident #28's records, the Surveyor was unable to locate Resident #28's transfer and bed hold notices when admitted to the hospital on 06/19/2024.</p> <p>On 06/25/2024 at 10:58 AM, the Surveyor interviewed the Business Office Manager (BOM) and asked, Do you have a transfer notice and bed hold notice for [Resident #28's] hospital stay that was sent to the responsible party? She stated, I've never heard of those. The nurse's send those. When asked, Do you know if the notices were sent to the responsible party? She stated, Not that I know of.</p> <p>On 06/25/2024 at 11:14 AM, the Surveyor interviewed the Assistant Director of Nursing (ADON) and asked, Do you send a transfer notice and bed hold notice to the responsible party when a resident is sent out to the hospital and is admitted ? She stated, I'm not aware of that.</p> <p>On 06/25/2024 at 11:15 AM, the Surveyor interviewed the Administrator and asked, Should a transfer notice and bed hold notice be sent to the resident's responsible party when the resident is sent out to the hospital and is admitted ? She stated, Absolutely, yes ma'am. It should be kept and documented that we did so. When asked, Was a transfer notice and bed hold notice sent to Resident #28's representative? She stated, No, there wasn't.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/2024 at 1:19 PM, the Surveyor interviewed the BOM and asked, Do you notify the ombudsman monthly about residents who have discharged from the facility to the hospital? She stated, No, I've never talked to the ombudsman, and to be honest we've never notified anybody that somebody went to the hospital. Social Services might do it, talk to them.</p> <p>On 06/25/2024 at 1:23 PM, the Surveyor interviewed Social Services and asked, Do you notify the ombudsman monthly about residents who have discharged from the facility to the hospital? She stated, No, nobody has ever told me I needed to.</p> <p>The facility provided a policy titled, Transfer or Discharge Notice with a revision date of March 2021 documented, Policy Interpretation and Implementation: 4. Under the following circumstances, the notice is given as soon as it is practicable but before the transfer or discharge: d. An immediate transfer or discharge is required by the resident's urgent medical needs; 5. The resident and representative are notified in writing of the following information: a. specific reason of the transfer or discharge; b. the effective date of the transfer or discharge; c. The location of which the resident is being transferred or discharged ; e. The facility bed-hold policy. 6. A copy of the notice is sent to the Office of Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>Based on record review and interview, the facility failed to notify resident representatives or power of attorneys (POA) in writing of the bed hold policy upon a resident's transfer to the hospital and/or discharge as required for 1 (Resident #28) of 01 sampled residents.</p> <p>The findings are:</p> <p>On 06/23/2024 at 03:07 PM, the Surveyor interviewed Resident #28 and asked, Have you recently been to the hospital or emergency room for treatment? Resident #28 stated, Yes, last Monday from bleeding in my urine after an in and out cath.</p> <p>Review of Residents #28's Census Report dated 06/19/2024 documented, Census Event: Discharge- Return Expected. Resident #28 Census report dated 06/21/2024 documented, Census Event: Return. Admission Source: Transfer from a hospital.</p> <p>Review of Residents #28's Progress Notes revealed Resident #28 was admitted to the hospital on 06/19/2024 and returned to the facility on [DATE].</p> <p>On 06/25/2024 at 10:56 AM, during review of Resident #28's records, the Surveyor was unable to locate Resident #28's transfer and bed hold notices when admitted to the hospital on 06/19/2024.</p> <p>On 06/25/2024 at 10:58 AM, the Surveyor interviewed the Business Office Manager (BOM) and asked, Do you have a transfer notice and bed hold notice for [Resident #28's] hospital stay that was sent to the responsible part? She stated, I've never heard of those. The nurse's send those. When asked, Do you know if the notices were sent to the responsible party? She stated, Not that I know of.</p> <p>On 06/25/2024 at 11:14 AM, the Surveyor interviewed the Assistant Director of Nursing (ADON) and asked, Do you send a transfer notice and bed hold notice to the responsible party when a resident is sent out to the hospital and is admitted ? She stated, I'm not aware of that.</p> <p>On 06/25/2024 at 11:15 AM, the Surveyor interviewed the Administrator and asked, Should a transfer notice and bed hold notice be sent to the residents responsible party when the resident is sent out to the hospital and is admitted ? She stated, Absolutely, yes ma'am. It should be kept and documented that we did so. When asked, Was a transfer notice and bed hold notice sent to Resident #28's representative? She stated, No, there wasn't.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility provided a policy titled, Bed-Holds and Returns with a revision date of March 2022 that documented, Policy Statement: Residents and/ or representatives are informed (in writing) of the facility and state (if applicable) bed-hold policies. Policy Interpretation: 1. All residents/ representatives are provided written information regarding the facility bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents are provided written information about these policies at least twice: a. well in advance of any transfer (e.g., in the admission packet); and b. at the time of transfer (or, if the transfer was an emergency, within 24 hours). 3. The written information regarding bed-holds provided to the residents/ representatives explains in detail: a. the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility. b. the reserve bed payment policy as indicated by the state plan (for Medicaid residents); c. the facility policies regarding bed-hold periods; d. the facility per diem rate required to hold a bed (for non-Medicaid residents), or to hold a bed beyond the return policy.</p>

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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>38200</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents who required assistance with personal hygiene had hair removed from their face for 3 (Residents #3, #28, and #17) of 3 sample mix residents, and fingernails were kept trimmed for 1 (Resident #17) of 3 (Resident #3, #28, and #17) sample mix residents to promote good grooming.</p> <p>The findings are:</p> <p>1. On 06/24/2024 at 11:03 AM, the Surveyor interviewed Resident #3 and asked, Are you receiving your shower as scheduled? Resident #3 stated, I was supposed to get my shower this past Saturday. Wednesday is my other shower day so hopefully I will get it. The Surveyor observed the resident with chin hair and asked, Would you like for staff to remove the hair from your chin? Resident #3 stated, Yes, but they don't. When asked, Have you asked for it to be removed? She stated, Yes, but I still have it.</p> <p>a. Review of the Care Plan for Resident #3 with a date of 10/05/2022 documented, Category: Bathing & Hygiene Personal Choices I need assist of 1 with my bathing, dressing and grooming due to history of cerebral infarction and hemiplegia.</p> <p>b. Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/30/2024 revealed section GG0130. Self-Care Personal hygiene: I. The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral care) coded 88: Not attempted due to medical condition or safety concerns.</p> <p>c. On 06/25/2024 at 2:25 PM, the Surveyor observed Resident #3 lying in bed with eyes closed. Resident #3 appeared to have been showered, but still had hair on the chin.</p> <p>d. On 06/25/2024 at 2:27 PM, the Surveyor interviewed Certified Nursing Assistant (CNA) at Resident #3's room and asked, Should residents have facial hair removed from their face? She stated, Yes. When asked, Why should it be removed? She stated, Because it's hygiene.</p> <p>2. On 06/23/2024 at 3:02 PM, the Surveyor observed hair on Resident #28's chin. The Surveyor interviewed Resident #28 and asked, Would you like the hair on your chin shaved off? Resident #28 stated, Yes, they do it when I have a shower, but I haven't had one. My last bed bath was Tuesday, and my bath day is Tuesday, Thursday and Saturday and I didn't have one yesterday.</p> <p>a. Review of the Care Plan for Resident #28 dated 12/01/2022 documented, Category: ADLs [activities of daily living] Functional Status/Rehabilitation Potential . I need assistance with dressing, toileting, bed mobility, bathing, and hygiene because of my recent stroke. I have left sided hemiplegia.</p> <p>b. Resident #28's Quarterly MDS with an ARD of 04/30/2024 revealed section GG0130. Self-Care Personal hygiene: I. The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/ drying face and hands (excludes baths, showers, and oral care) coded 03 which indicates partial/moderate assistance.</p> <p>(continued on next page)</p>

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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>c. On 06/25/2024 at 2:24, the Surveyor observed Resident #28 with hair on the resident's chin. The Surveyor interviewed Resident #28 and asked, Did you have a shower today? Resident #28 stated, Yes, I did. When asked, Would you have liked for the staff to have removed the hair from your chin during your shower? Resident #28 stated, Yes, I would.</p> <p>d. On 06/25/2024 at 2:29 PM, the Surveyor interviewed CNA #5 at Resident #28's room and asked, Should residents have facial hair removed from their face? He stated, Yes. When asked, Why should it be removed? He stated, Because they can't do it themselves.</p> <p>3. On 06/24/2024 at 10:19 AM, the Surveyor observed Resident #17 with chin hair and long fingernails. The Surveyor interviewed Resident #17 and asked, Are you receiving your shower as scheduled? Resident #17 stated, Yes, I got it today. When asked, Would you like the hair on your face removed? Resident #17 stated, Yes, I'd like them removed but they don't do that here. I'd also like my nails trimmed. When asked, Have you asked to have your nails trimmed and to have hair removed from your face? Resident #17 stated, Yes.</p> <p>a. Review of the Care Plan for Resident #17 dated 03/17/2024 documented, Category: ADLs Functional Status/Rehabilitation Potential I need some limited assistance with my ADL's, dressing and grooming, toileting and hygiene and bathing.</p> <p>b. Resident #17's Annual MDS with an ARD of 05/10/2024 revealed section GG0130. Self-Care Personal hygiene: I. The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/ drying face and hands (excludes baths, showers, and oral care) coded 02 which indicates substantial/ maximal assistance.</p> <p>c. On 06/25/2024 at 2:26 PM, the Surveyor observed resident #17 in bed watching television. Resident #17 is observed with hair on chin and long fingernails. The Surveyor asked, Did you receive a bath this week? Resident #17 stated, Yes. When asked, Would you still like the hair removed from your chin? Resident #17 stated, Yes. I would also like someone to trim my nails.</p> <p>d. On 06/25/2024 at 2:26 PM, the Surveyor interviewed CNA #4 at Resident #17's room and asked, Should residents have facial hair removed from their face? She stated, Yes. When asked, Why should it be removed? She stated, It's part of their hygiene. When asked, Should residents have their fingernails trimmed if they ask staff to assist them? She stated, Yes. When asked, Why should residents have their nails trimmed if they choose? She stated, It's their right and they may scratch themselves.</p> <p>e. On 06/25/2024 at 3:00 PM, the Surveyor interviewed the Director of Nursing (DON) and asked, Should residents have facial hair removed from their face? She stated, Yes, we should remove it. If it's not, it needs to be care-planned. When asked, If a resident requests their fingernails to be trimmed should staff trim them? She stated, Yes. When asked, Why should residents have their nails trimmed if they choose? She stated, It could cause them to scratch and cut themselves.</p> <p>(continued on next page)</p>		

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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>The facility provided a policy titled, Activities of Daily Living (ADLs), Supporting with a revision date of March 2018 that documented, Policy Statement: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation: 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate supporting and assistance with: a. hygiene (bathing, dressing, grooming, and oral care).</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>38200</p> <p>Based on observation, record review, and interview, the facility failed to ensure activities were provided on the weekend for all 34 residents who resided in the facility.</p> <p>The findings are:</p> <p>On 06/23/2024 at 11:47 AM, the Surveyor has not observed any weekend activities in the facility since entry.</p> <p>On 06/23/2024 at 3:12 PM, the Surveyor has not seen any weekend activities taking place in the facility since entry.</p> <p>On 06/25/2024 at 1:15 PM, the residents present in the Resident Council Meeting were asked if activities were held on the weekend. In unison the group stated, No. The group continued to report that a former employee comes in occasionally to provide a church service. Otherwise, the residents are left on their own.</p> <p>On 06/25/2024 at 2:00 PM, the Activity Director (AD) was asked if activities were held on the weekend. The AD described putting activities on the calendar for the weekend that require very little set up or staff assistance such as movies, coloring or puzzles. When asked if anyone was assigned to perform the weekend activities the AD denied having knowledge of any particular Certified Nursing Assistant (CNA) or nurse being assigned. When asked why activities are important, the AD described that activities help the residents have a better quality of life. When asked, Do you have a logbook? She stated, Yes. When asked, Have residents ever told you activities are not being done on the weekends? She stated, No.</p> <p>On 06/25/2024 at 2:19 PM, the Activities Director provided the June 2024 resident activity logs, when reviewed the activity logs had not been completely filled out to document activities and participation for June 2024.</p> <p>06/26/2024 at 1:18 PM, the Surveyor interviewed the Administrator and asked, Should activities be conducted on the weekends? She stated, Yes ma'am. When asked, Why? She stated, For the resident's livelihood and it's their right to have things to do and stay busy. When asked, What are the benefits of residents participating in activities? She stated, Keep their mood up, keep their social interaction up, and it's good for their physical and weight. Keep them from getting depressed. When asked, What are the negative effects of resident not receiving activities? She stated, They could isolate, become depressed, lose weight, get sick. When asked, Who is in charge of weekend activities? She stated, At this time it was the activity director to designate. We will have a manager on duty to make sure they get done. When asked, Is it a resident's right to have daily activities provided? She stated, Yes.</p> <p>On 06/26/2024 at 1:30 PM, the Surveyor interviewed CNA #3 and asked, On Sunday, June 23, 2024, who conducted activities with the residents and when were they conducted? He stated, I don't remember activities taking place. I can't remember them even happening. When asked, Who normally conducts activities on the weekends? He stated, Laundry, I think.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/26/2024 at 1:32 PM, the Surveyor interviewed Licensed Practical Nurse (LPN) #6 and asked, On Sunday, June 23, 2024, who conducted activities with the residents and when were they conducted? She stated, Off the top of my head I don't remember them going on. When asked, Who normally conducts activities on the weekends? She stated, I don't know who the scheduled person is.</p> <p>The facility provided a policy titled, Activity Programs with a revision date of June 2018, that documented, Activity programs are designed to meet the interests of and support the physical, mental and psychosocial well-being of each resident. Policy Interpretation and Implementation: 1. The activities program is provided to support the well- being of residents and to encourage both independence and community interaction. 2. Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident. 3. The activities program is ongoing and includes facility- organized group activities, independent individual activities and assisted individual activities. 4. Activities are considered any endeavor, other than routine ADLs, in which the resident participates, that is intended to enhance his or her sense of well-being and to promote or enhance physical, cognitive or emotional health. 5. Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs. 6. Activities are scheduled 7 (seven) days a week and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the programs. 7. Our activity programs consist of individual, small group and large group activities that are designed to meet the needs and interests of each resident. Activity programs include activities that promote: a. self-esteem; b. comfort; c. pleasure; d. education; e. creativity; f. success; and g. independence. 8. Activities are not necessarily limited to formal activities being provided only by the activities staff. Other facility staff, volunteers, visitors, residents and family members may also provide the activities. 9. All activities are documented in the resident's medical record.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>38200</p> <p>Based on observation, record review, and interview, the facility failed to ensure there was a restorative program to prevent further decline in range of motion (ROM) when residents complete occupational/physical therapy for 1 (Resident #26) of 1 sample mix resident.</p> <p>The findings are:</p> <p>On 06/24/2024 at 1:11 PM, the Surveyor observed Resident #26 in a wheelchair, the resident's right arm was flaccid, and the resident was using the left arm/hand to pick up and move right the arm/hand. The Surveyor interviewed Resident #26 and asked, Are you able to move your right arm? Resident #26 stated, Right arm is from a stroke. The therapist used to do range of motion but not now because of my insurance. When asked, Do you receive restorative from one of the Certified Nursing Assistants (CNA's)? Resident #26 stated, No, there's no restorative aide. I ran out of insurance, and they don't do it anymore, but they still check on me.</p> <p>Review of Resident #26's Physician Order Report dated 06/01/2024 documented, Rehab Potential: Fair Start Date: 11/29/2023; End Date: Open Ended. Rehab OT- PT- Eval and Treat Start Date: 01/18/2024; End Date: Open Ended.</p> <p>Review of Resident #26's Care Plan with a date of 06/15/2024 documented, ADLs Functional Status/Rehabilitation Potential.</p> <p>On 06/25/2024 at 01:22 PM, the Surveyor interviewed the Occupational Therapist (OT) and asked, Does the facility provide Resident #26 with physical therapy [PT]? She stated, No, it's been a minute since he's been on therapy. It was discontinued on 05/10/2024. When asked, Does the facility have a restorative program? She stated, No, as far as I know we don't. I think it would be beneficial.</p> <p>On 06/25/2024 at 02:51 PM, the Surveyor interviewed the Administrator and asked, Who is your restorative aide? She stated, We don't have one. When asked, Do you have a restorative program? She stated, No. When asked, Should the facility have a restorative program? She stated, Yes. When asked, Why should you have a restorative program? She stated, To prevent further decline.</p> <p>The facility provided a policy titled, Restorative Nursing Services with a revision date of July 2017 documented, Policy Statement: Residents will receive restorative nursing care as needed to help promote optimal safety and independence. Policy Interpretation and Implementation: 1. Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e. g., physical, occupational or speech therapies). 2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Piggott Healthcare & Senior Living, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 450 S 9th Ave Piggott, AR 72454	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility provided a policy titled, Resident Mobility and Range of Motion with a revision date of July 2017 that documented, Policy Statement 1. Residents will not experience an avoidable reduction in range of motion (ROM). 2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM. 3. Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable.</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>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>38200</p> <p>Based on observation, record review, and interview, the facility failed to ensure narcotic medications were stored in a permanently affixed compartment to prevent the potential of misappropriation of resident property.</p> <p>The findings are:</p> <p>On 06/26/2024 at 8:38 AM, the Surveyor accompanied by Assistant Director of Nursing (ADON) entered the main medication room. Upon checking the facility narcotic box in the refrigerator, that had no visible locking mechanism on the outside, was easily removed, and the Surveyor pulled it out of the refrigerator. The Surveyor placed the narcotic box back down in the refrigerator and asked the ADON if she would pick it up. The ADON was able to pick up the narcotic box and remove it from the refrigerator. The Surveyor interviewed the ADON and asked, Should the narcotic box be permanently affixed in the refrigerator? She stated, It should. When asked, Why should it be permanently affixed in the refrigerator? She stated, So somebody can't pick it up and take off with it. When asked, How many locks is the narcotic box secured behind? She stated, The main door and the two locks on the box. When asked, Does the refrigerator lock? She stated, No. When asked, Should it be locked? She stated, Yes. When asked, Why should the refrigerator be locked? She stated, So no one can just open it and take the box. The ADON was asked to unlock the box and she stated she didn't have the key [named nurse] has the key.</p> <p>On 06/26/2024 at 8:41 AM, the ADON went to the nurse and got the key and came to the medication room with the Surveyor and unlocked the narcotic box. Inside the box were 10 boxes with 1 vial each of Lorazepam for 7 of the facility's current residents. There was also 1 vial of Lorazepam labeled for the emergency kit.</p> <p>The facility provided a policy titled, Medication Labeling and Storage with a revision date of February 2023 documented, Medication Storage 7. Controlled substances (listed as Schedule II-V of the Comprehensive Drug Abuse Prevention and Control Act of 1976) and other drugs subject to abuse are separately locked in permanently affixed compartments, except when using single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>44852</p> <p>Based on observations, interviews, facility document review, and policy review, the facility failed to ensure a written menu was followed to ensure the nutritional needs of the residents were met and that a variety of food was provided to promote consumption and enjoyment of meals for all 36 residents who receive their meals from one of one kitchen.</p> <p>The findings are:</p> <p>Review of a policy received on 06/26/2024 at 9:25 AM, entitled, Food and Nutrition Services, stated that each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.</p> <p>On 06/23/2024 at 11:05 AM, upon entry into the kitchen the lunch meal was reported to be: Soft shell taco's, refried beans, shredded lettuce, chopped tomatoes, sour cream, shredded cheese and crushed pineapple. No serving sizes were provided. A review of the written menu called for brown sugar meatloaf, mashed potatoes, mixed vegetables, peach upside-down cake, dinner roll and margarine. When the Dietary Manager (DM) was asked to address the change in the menu, she described that the kitchen doesn't always have the necessary ingredients due to them getting used to the schedule of deliveries associated with their new food company. When asked about the approval of the Registered Dietitian the DM stated, She said it was ok, as long as I write it down.</p> <p>On 06/24/2024 at 10:00 AM, the menu board in the dining room reported that the lunch meal would consist of pork with barbeque sauce, green beans, loaded mashed potatoes, vanilla pudding and a roll. The written menu called for seasoned chicken thighs, steamed rice, broccoli and fruit crisp. The pork provided was chopped. The DM reported that the pork they receive is often tough, so the residents prefer it to be cut up.</p> <p>On 06/25/2024 at 9:30 AM, a review of the menu board reports a lunch meal of roast beef with gravy, corn casserole, mashed potatoes and Mississippi mud cake. The DM was asked to address the serving of mashed potatoes for two consecutive days. The DM described the mashed potatoes on Monday as having been loaded due to the addition of cheese and sour cream. The potatoes on Tuesday were plain. When asked to identify the reason why the baked beans were not being served, the DM described there were not being any baked beans on the shelf, and she had not had time to check the last delivery. Upon double checking the beans were located and the potatoes were not served.</p> <p>On 06/25/2024 at 1:30 PM, the Resident Council described a lack of variety in the facilities meals. [NAME] beans and mashed potatoes were identified as being served multiple times during the week. They also describe a lack of options for an alternative to the planned meal. When asked about sandwich options they report that the facility typically does not have sandwich meat, only the occasional ham sandwich.</p> <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/26/2024 at 9:10 AM, the menu board reported pork roast, baked potato with sour cream, mixed vegetables and strawberry cake. Upon observation the pork roast was chopped in the same manner as the pork on Monday. The only difference was the placement of barbeque sauce on top of the pork on Tuesday. The DM maintains the necessity of chopping the pork due to the product being tough no matter how it is cooked.</p> <p>On 06/25/2024 at 2:00 PM, the DM was asked to identify the reasons why following a written planned menu would be beneficial. She identified being able to order food as needed, meeting the nutritional needs of the residents and providing a variety of food as benefits of a planned menu.</p> <p>On 06/25/2024 at 3:05 PM, the Administrator was asked to identify the reasons for following a planned menu. The Administrator said reducing repetition was the first reason followed by improved consumption by the resident and the need to monitor the nutritional needs of the resident including dietary needs specific to their diagnoses.</p>		

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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>44852</p> <p>Based on observations, interviews, facility document review, facility policy review, it was determined that the facility failed to ensure food temperatures were maintained to promote consumption and to prevent food borne illness for 36 residents who receive their meals from one of one kitchen.</p> <p>Findings include:</p> <p>A review of a facility policy on 06/26/2024 at 9:45 AM entitled, Preventing Foodborne Illness, stated, food will be served so that the risk of foodborne illness is minimized. The policy continues to describe the facility as recognizing improper holding temperatures as a critical factor in foodborne illness.</p> <p>A review of a facility policy on 06/26/2024 at 9:50 AM entitled, Food and Nutrition Services, reports that food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature.</p> <p>On 06/23/2024 at 12:05 PM, observation of the temperatures of the lunch meal were taken and recorded as follows: Taco meat 195.6 degrees Fahrenheit (F); Refried beans 176.5 degrees F; Tomato Soup 165.4 degrees F; Pureed Taco Meat/Tortilla 165 degrees F; Shredded Lettuce 55.4 degrees F; Sour cream 46 degrees F; Chopped tomatoes 51.9 degrees F; Chopped onion 54.3 degrees F; Shredded cheese 54.5 degrees F; Salsa 44.4 degrees F.</p> <p>On 06/23/2024 at 12:18 PM, after reviewing the recorded temperatures, it was called to the attention of the Dietary Manager that the cold food items were not at 41 degrees F or below. The DM elected to discard all of the cold items that were not being held at the appropriate temperature of 41 degrees F or below. At 12:10 PM, a cart containing 6 lunch trays was delivered to the 200 Hall. The residents were observed having consumed their lunch meal including the cold food items that were recorded at above 41 degrees F.</p> <p>On 06/26/2024 at 12:16 PM, the DM followed the meal cart to the 300 Hall. At 12:24 PM, the last tray was removed from the cart and the following temperatures were recorded: Chopped Pork Roast 113.5 degrees F; Mixed Vegetables 126 degrees F; Baked Potato 117.3 degrees F; Sour Cream 64 degrees F. The DM verbalized the fact that each item was considered too cold to serve. The DM reported that she was aware of the two middle sections of the steam table not seeming to be as hot as the two end sections. She continued to describe her intentions of speaking to the maintenance department.</p> <p>On 06/26/2024 at 2:20 PM, the DM was asked to describe why maintaining appropriate food temperatures was important. The DM described the connection of food temperatures and the presence of food borne illness. She also discussed the need to maintain food temperatures, so the residents enjoy their meals and consume their food in larger amounts, thus preventing weight loss. She also identified the change of consistency which can occur when a food is too hot or cold.</p> <p>(continued on next page)</p>

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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>On 06/26/2024 at 3:15 PM, the Administrator was asked to discuss the importance of maintaining food temperatures. The Administrator started by highlighting the need to maintain temperatures to prevent food borne illness. The Administrator continued to discuss food enjoyment, good health, and weight maintenance, as being results of maintaining appropriate food temperatures.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44852</p> <p>Based on observations, interviews, record review, facility policy review, it was determined that the facility failed to ensure food was appropriately stored and dated; refrigerator/freezers had thermometers placed on the inside for accurate temperature reading; trash receptacles had lids; kitchen equipment was clean; and meal trays were free of chips or sharp edges. The failed practice had the ability to affect all 36 people who received their meals from 1 of 1 kitchen.</p> <p>Findings include:</p> <p>A review on [DATE] at 9:16 AM of a facility policy titled, Food Receiving and Storage dated [DATE], on [DATE] at 9:16 AM indicated, Foods shall be received and stored in a manner that complies with safe food handling practices. Policy continues to outline the intention of inspecting food upon arrival to ensure quality before being accepted, that all foods stored in the refrigerator or freezer are labeled and covered and dated, and all food is monitored to ensure use prior to the use by date.</p> <p>A review of a facility policy titled, Sanitization on [DATE] at 9:40 AM indicated, The food service area is maintained in a clean and sanitary manner. The policy continues to outline that the fixed equipment is washed and sanitized, that items that are damaged or broken that cannot be repaired is discarded, that garbage containers are in good condition with lids or otherwise covered and disposed of daily.</p> <p>On [DATE] at 11:13 AM, upon entering the kitchen, the Surveyor observed three trays stacked one on top of the other. The trays contained bowls of crushed pineapple which had been portioned for lunch. The bowls contained no lids and were open to air and contaminants.</p> <p>On [DATE]at 11:16 AM, the Surveyor attempted to determine the temperature of the first refrigerator freezer located on the right side of the kitchen. The thermometer inside the appliance could not be located. The second refrigerator freezer had a thermometer in the freezer but not in the refrigerator. The large two door refrigerator did not have a thermometer on the inside, nor did the two large two door freezers.</p> <p>On [DATE] at 11:22 AM, the Surveyor observed a tray of shredded lettuce and chopped tomatoes was observed in the first refrigerator freezer. The tray was uncovered and opened to air and contaminants.</p> <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>On [DATE] at 11:24 AM, the Surveyor observed six, one half cup single serve cups of ice cream were located in the door of the refrigerator freezer. Approximately ,d+[DATE] inch from the bottom of the cup, the mixture appears to have been separated. The bottom ,d+[DATE] inch of the product was bright yellow in color. The rest of the contents were creamy white in color. The DM stated, That looks freezer burned and needs to be thrown out. A box of the same ice cream was opened and the cups inside the box had the same appearance including the different color and consistency. The DM described that the items were just recently delivered, however she did not feel it should be served, due to the appearance of having been melted and refrozen. She continued to report that the case of ice cream could not be returned because the poor condition of the product should have been noticed when it was received.</p> <p>On [DATE] at 11:26 AM, a #10 can of crushed pineapple, which had been opened to serve for lunch was observed in the refrigerator freezer. The lid of the can had been pushed ,d+[DATE] way down into the can where it met the crushed pineapple. Dietary Aide #1 came forward and described having put the can into the refrigerator due to the fact that she was unable to locate a bowl with a lid for storage.</p> <p>On [DATE] at 11:48 AM, the Surveyor observed a bag of bread ,d+[DATE] full, a bag of bread ,d+[DATE] full, and a bag of hamburger buns containing 5 buns, on top of the steam table. Each bag was not sealed properly leaving them open to air and contaminants.</p> <p>On [DATE] at 11:49 PM, a 2 quart pitcher of tea was observed on the worktable. The pitcher contained no lid leaving the contents open to air and contaminants.</p> <p>On [DATE] at 12:24 PM, a stack of 26 meal trays were observed sitting on the worktable in front of the steam table. Three of the trays were observed to have pieces broken off along the edges, resulting in the areas being uneven and sharp.</p> <p>On [DATE] at 12:48 PM, the right side of the range was observed to be covered in a sticky residue to which, what appeared to be food particles, had adhered. The residue covered the entire side of the range, in various levels of thickness. The shelf of the range which extends over the top was covered with a layer of sticky dust. The floor beneath the range and between the range and the deep fryer was discolored and had debris stuck to the floor in a variety of colors. Both sides of the deep dryer were also covered in a sticky residue, to which a variety of debris had adhered. The two wire baskets sitting on top of the deep dryer had large pieces of what appeared to be food stuck to the sides.</p> <p>On [DATE] at 12:52 PM, a large trash can was observed between two worktables in the middle of the kitchen. The can did not have a lid and was open to air. Two trash cans in the dish area were observed to have no lids available. The dish area opens into the kitchen and dishes were not being cleaned at this time.</p> <p>On [DATE] at 11:27 AM, 2 servings of apple juice were observed sitting in the refrigerator. The juice was not dated.</p> <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>On [DATE] at 11:30 AM, two lidded cups containing grape juice were observed on the shelf in the refrigerator. The DM reported that the juice had been poured this AM. When asked how the staff would know when the juice was poured since it was not dated. The DM identified that the age of the juice would be impossible to know without a date.</p> <p>On [DATE] at 11:33 AM, a 12 ounce container of grape juice concentrate was observed in the door for the refrigerator. The instructions on the container stated, keep frozen. The juice had been allowed to thaw and was not dated as to when it had been put in the refrigerator. A second container of grape juice concentrate had a use by date of [DATE]. A one-gallon pitcher of orange juice was not dated as to when it was made.</p> <p>On [DATE] at 11:35 AM, three pounds of cheese slices were observed on the top shelf of the 2 door refrigerator. The cheese was wrapped in plastic wrap which had failed to adhere leaving the cheese open to air and contaminants. One and one-half pounds of mozzarella cheese was also observed on the top shelf. The plastic wrap which had been used to cover the cheese had failed to adhere leaving the cheese open to air and contaminants. The DM identified that plastic bags for food storage were not purchased by the kitchen.</p> <p>On [DATE] at 11:38 AM, a ,d+[DATE] steam table pan of chicken noodle soup was observed in the bottom of the 2 door refrigerator. The soup was not dated.</p> <p>On [DATE] at 11:45 AM, the Surveyor observed a box containing frozen biscuits was in the 2 door freezer. The plastic bag containing the biscuits was not sealed leaving the biscuits open to air and contaminants.</p> <p>On [DATE] at 12:55 PM, a one pound box of cornstarch and a one pound box of baking soda located in a kitchen cabinet was observed to be open to air and contaminants.</p> <p>On [DATE] at 2:00 PM, during an interview, the DM was asked why it was important to date and store food properly in the kitchen. The DM described that it was important to prevent the residents from being served food that would make them sick, that ensuring that the food was sealed prevented germs from growing. When asked why it was important to monitor the temperature of the refrigerator and freezers, she described the need to ensure proper temperatures so the food would stay fresh, thus preventing food borne illness. The DM stated emphatically that trash containers should have lids available and in place. When asked about the importance of maintaining the kitchen/equipment in a clean manner, the DM again described the need to not spread germs, thus protecting the resident.</p> <p>On [DATE] at 3:10 PM, during an interview, the Administrator was asked to describe the importance of dating and storing food properly. The need to not serve any food that might have expired and make someone sick was the primary reason cited. Covering food was described as important for keeping out pests, maintaining temperatures, and to keep the food fresh. When asked to identify the importance of monitoring the temperature in the refrigerator/freezer, the Administrator verbalized the need to maintain food at the proper temperature to maintain freshness and to prevent food borne illness. The Administrator was adamant that trash receptacles have lids.</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>44852</p> <p>Based on observations, interviews, record review, and facility document review, it was determined that the facility failed to ensure the Arbitration agreement contained all necessary components including the right to resend the agreement within the first 30 days of admission, a declaration affirming that signing an arbitration is not a condition of admission and a statement providing for the right to communicate with state/federal surveyors, health department employees and the state Ombudsman. The failed practice had the ability to affect 4 of 4 (Residents #17, #139, #24, and #140) sampled residents who had signed arbitration agreements since the change of ownership on 04/01/2023 as documented on the Nursing Home Facility Directory page.</p> <p>Findings include:</p> <p>A review of a facility admission packet, on 06/24/2024 at 10:15 AM, revealed, Section XI. Dispute Resolution. Paragraph 2, page 10 of 14 began, Resident shall select one of the following dispute resolution options: Binding Arbitration or Legal Proceedings.</p> <p>A review of a Binding Arbitration agreement revealed there was: 1. No statement concerning the resident/representative's right to resend the decision to select arbitration within the first 30 days after admission; 2. No statement declaring that arbitration is not necessary for admission; 3. No confirmation of a resident's right to communicate with state/federal surveyors, the state Ombudsman or health department officials.</p> <p>The Administrator was provided a copy of the admission packet, Section XI on 06/26/2024 at 2:30 PM. The Administrator was asked to locate within the document the right to resend the agreement within 30 days. The Administrator described not being able to locate the information. The Administrator continued to report that she was aware of the missing information including the right to resend, the right to communicate with state or federal agencies and the right for admission without signing an arbitration agreement. She continued to report having told the owner that these changes would need to be made to the agreement.</p>		