STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916 Based on observation, interview, and record review, the facility failed to ensure residents received dental care to promote good hygiene and prevent nutritional and dental complications for 1 (Resident #14) sampled resident. This failed practice had the potential to affect 7 residents on 400-Hall that require complete dental assistance. The findings are: 1. Resident #14 had diagnoses of Cerebral infarction, Absence of right leg below the knee, and Type II diabetes mellitus with foot ulcer. The Quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 01/19/2024 indicated a Brief Interview for Mental Status [BIMS] score of 15 (13-15 suggest cognitively intact). Resident #14 required maximum assistance for eating, oral hygiene, dressing and personal hygiene. Resident #14 is dependent for toileting and bathing. a. On 04/22/2024 at 11:43 AM, the Surveyor observed an off white, and a blue and white, toothbrush resting on the bathroom sink behind the faucet, and the blue and white brush is above the faucet with bristles touching the porcelain. Resident #14 said that staff is responsible for brushing his/her teeth. Resident #14 was unable to identify resident's toothbrush. b. On 04/23/2024 at 09:39 AM, the Surveyor observed an off-white toothbrush resting behind the bathroom faucet, and a blue and white brush resting above the faucet with bristles touching the porcelain. The toothbrushes appear to be in the same position as yesterday. Resident said no when asked if staff assist in brushing teeth in the morning, after meals or at bedtime. Resident #14 was asked who brushes his/her teeth and he/she said, [family member] does. The Surveyor asked if [family member] comes daily and brushes his/her teeth and Resident #14 said, On weekends. c. On 04/24/2024 at 01:00 PM, Certified Nursing Assistant (CNA) #4 was asked to accompany the Surveyor to room [ROOM NUMBER]-B and assist in identifying toothbrushes. CNA #4 told the Surveyor that she sees two toothbrushes making contact with the sink and did not know which toothbrush belonged to Resident #14. The Surveyor asked what procedure was normally used to store toothbrushes and CNA #4 said the facility has plastic toothbrush holders, and they can write the residents name on it for them. CNA #4 told the Surveyor that residents should be offered assistance brushing their teeth after meals, at bedtime, and as they need or want it done. The Surveyor asked if residents family assisted her with dental care how often would that be based on when they visit. CNA #4 said [family member] visits on Sundays. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	d. On 04/24/2024 at 02:58 PM, the Director of Nursing (DON) was asked who is responsible for assisting residents with dental care, and how often that service should be provided. The DON said CNAs should provide dental care on a regular basis, after meals, bedtime, and as needed, but anyone that is available should assist. DON said, It is an activity of daily living [ADL], and we are here to assist with it. The DON said they did not have an activity of daily living policy but could provide an in-service. e. On 04/24/2024 at 03:21 PM, the DON provided an in-service titled Oral and Dental (dated, 04/13/2023) documenting .Oral Hygiene Importance Proper oral hygiene and dental care are vital to the health and wellbeing of the nursing home resident .Why is Oral Care Neglected? Staff not paying attention to residents' individual needs .Best Practices-Oral Care . Should be done at least twice a day .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 47916 49413 Based on observation, interview, and record review, the facility failed to ensure mechanical closets to the electrical and air conditioning rooms were locked to prevent residents from entering. The facility failed to lock a private bathroom on 400 Hall that did not have a call light or pull cord light to allow residents to call for assistance which had the potential to affect 9 400-Hall residents that can ambulate or self-propel and failed to transfer residents in an appropriate manner to prevent falls or injuries. The findings are: 1. On 04/22/2024 at 09:59 AM, the Surveyor observed a door labeled Mechanical Room slightly ajar on the front, right hand side of 400 Hall. The Surveyor opened the door and observed air conditioning equipment, boxes on the floor, and a rolling cart of tools. The Surveyor exited the room and walked across the hall to another unlocked door labeled Mechanical Room with air conditioning and light equipment. 2. On 04/24/2024 at 01:40 PM, the Surveyor asked to speak with the Maintenance Supervisor, and he identified 400 Hall Mechanical Rooms as the air conditioning and electrical rooms. The Surveyor asked if it was their procedure to leave the mechanical room doors unlocked and/or open. The Maintenance Supervisor said that the doors are supposed to remain locked so that residents cannot get into the air conditioner or electric panels because it is hazardous. 3. On 04/24/2024 at 02:20 PM, the Surveyor spoke with the Director of Nursing (DON) and asked what the procedure was for safely maintaining mechanical or maintenance closets in the facility. The DON told the Surveyor that no maintenance or mechanical closets in the building should be left open or unlocked at any time. 4. On 04/24/2024 at 01:16 PM, the Surveyor observed a door marked Private Restroom on 400 Hall, with the door slightly ajar. The Surveyor observed a toilet on the right, sink, boxes stacked against the wall to the right of the toilet containing clear fluid in jugs, and the Surveyor noted there was no call light button or pull cord in the private bathroom. a. On 04/24/2024 at 01:46 PM, Licensed Practical Nurse (LPN) #1 was asked to accompany the Surveyor to 400 hall, and the Surveyor pointed out the open door labeled Private Restroom. LPN #1 told the Surveyor that LPN #1 did not know there was a bathroom on 400 Hall. The Surveyor asked if a 400-Hall resident fell in the bathroom what procedure how would the resident get assistance. LPN #1 said they would not be able to use a call button or pull cord because there was not one so they would not be able to call for assistance. LPN #1 confirmed the bathroom door should be kept locked. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 - Minimal harm or potential for actual harm Residents Affected - Some	b. On 04/24/2024 at 02:25 PM, the Director of Nursing (DON) was asked what procedure residents use if they fell in a private bathroom without a pull cord or call light button. The DON told the Surveyor there is supposed to be a pull cord light in any bathroom. If a resident is on the floor, they cannot reach us, and a pull cord should be assessable standing, sitting, or lying in the floor for residents. The DON confirmed they do not have a mechanical closet, call light or bathroom policy. 3) On 02/22/2024 at 12:48 PM, Certified Nursing Assistant (CNA) #1 entered Resident #30's room. CNA #1 did not have a gait belt to use for transferring Resident #30 from wheelchair to bed. CNA #1 placed arms underneath Resident #30 s' arms then with left hand held onto back of Resident #30 s' pants as Resident #30 was lifted from the wheelchair. As CNA #1 turned to the left, Resident #30 was not close enough to the edge of the bed. CNA #1 realized this as Resident #30 was unable to be placed on the edge of the bed. CNA #1 attempted three times to place resident on the bed. With each attempt to place Resident #30 on the edge of the bed, CNA #1 would try to take a step towards the bed unsuccessfully. The third attempt Resident #30 became weak legged and assisted to the floor. After assisting Resident #30 to the floor, CNA #1 then used a cell phone to call for help. After Resident #30 was on the floor, the Surveyor saw MDS/LPN #1 exit the MDS office. Survey informed MDS/LPN #1 that CNA #1 needed help with Resident #30. CNA #2 came into room carrying a gait belt. Resident #30 was placed back into the wheelchair. CNA #30 placed the gait belt around Resident #30's waist and threaded the end through the metal teeth to secure the gait belt. Resident #30 was then transferred to the bed. A. On 04/24/2024 at 08:10 AM, the Social Worker confirmed that a gait belt was required when transferring a resident from wheelchair to bed. The gait belt is part of the uniform. B. On 04/24/2024 at 9:09 AM, CNA #2 confirmed that a gait belt was required when transferring a resident from wheelchair to bed. C. On 04/24/2024 at 9:12 AM, LPN #2 confirmed a gait belt is kept on the linen cart, that Resident #30 is a 2 person assist from the ADL sheet, and that the gait belt is used to not pull on the resident's arms. D. On 04/24/2024 at 11:00 AM, the DON provided the following: 1) Resident Transfers Inservice and Clinical Check Offs dates: 05/03/2023; 08/21/2023; 12/13/2023; and 03/23/2024. 2) Gait Belt Competency Skills Checklist which states Understand that using a gait belt improves patient safety .Using gait belts ca help prevent staff injury and provides a secure point for staff to hold onto the patient while assisting with transfers and ambulation .Applying and Using the Gait Belt: Wrap gait belt around the patient at waist level.; Pull strap through buckle and adjust so it is snug but not uncomfortable making sure o can place your hand between the patient and the belt .Position yourself on the strong side of the patient (on the weaker side if a cane or walker will be used.); Slide your hands upwards beneath the belt.; Help the patient to a standing position. Patient should stand fully erect with shoulders back and looking forward.; Position yourself to the side and slightly behind the patient.; Assist with transfer or ambulation . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 - Minimal harm or potential for actual harm Residents Affected - Some	3) Transfer Activities which states .Procedure: Transfer from bed to wheelchair 1. Obtain assistance of another individual if necessary for safe transfer .Apply transfer belt snugly around the resident's waist, positioning the buckle off center. Tuck excess strap under the belt. Grasp the belt from underneath to provide support during the transfer .Hold the transfer belt from underneath straighten your hips and legs slightly and lift the client to a standing position on a count of three . E. On 04/24/2024 at 4:50 PM, the DON confirmed that a gait belt had not been used on Resident #30.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916 Based on observation, interview, and record review, the facility failed to ensure ice packs were maintained in cooler bags at the bedside for residents on thickened liquids to ensure fluids were appetizing for the residents to help prevent dehydration and weight loss. This failed practice had the ability to affect two residents on 400-Hall on thickened liquids. The findings are: Resident #39 had diagnoses of Dysphagia, Chronic obstructive pulmonary disease, and Dementia. The Quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 03/30/2024 documented a Brief Interview for Mental Status [BIMS] score of 6 (0-7 suggest severe cognitive impairment). Resident #39 required set up assistance with meals. A Physician Orders (Dated, 07/20/2023) documented, .Super calorie diet Pureed texture, Nectar consistency . A Care Plan (Revised, 10/10/2023) documented, .[Resident #39] has difficulty swallowing related to dysphagia and at risk for weight loss. Ensure that resident receives nectar thickened liquids as ordered . Resident #39 had potential for nutritional deficits related to meal consumption varies . Resident #39 will receive adequate nutrition as evidenced by weight stable. (Revision on: 7-20-23) super calorie diet with pureed texture and nectar thick . On 04/22/2024 at 11:21 AM, in room [ROOM NUMBER] the Surveyor observed a blue cooler bag containing about an inch of room temperature water, 2- 4 oz thicken lemon waters, and 1- 4 oz thicken cranberry cocktails on a bedside table beside Resident 39's recliner. There is no hydration in reach of the bedside. On 04/22/2024 at 01:15 PM, Certified Nursing Assistant (CNA) #5 was overheard offering to place an unopened 4 oz container of thickened Tea in the cooler bag for later. The Surveyor asked CNA #5 to check the closed blue cooler bag and CNA confirmed there is melted water, and no ice pack. The CNA confirmed that ice packs are supposed to be checked every morning. On 04/24/2024 at 12:55 PM, the Surveyor was visiting with Resident 39 and observed 4-4 oz thickened tea, 4-40 thickened lemon waters, and 2-4 oz thickened cranberry cocktails without dates. There is about an inch of room temperature water resting in the bottom of the cooler bag, and no ice pack. Resident #39 told the surveyor he prefers his drinks to be cold, but not icy or warm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/24/2024 at 02:05 PM, CNA #4 was asked to accompany the Surveyor to room [ROOM NUMBER] and check the blue cooler bag resting on a table across from Resident 39's bed. The Surveyor asked what process is used to maintain ice packs and drinks in the cooler bag. CNA #4 told the Surveyor that when staff rounds the halls everyone is supposed to check for ice packs and thickened liquids in the coolers, because residents are more likely to drink fluids if they are cool. CNA #4 reported that thickened liquids are provided by the kitchen, and occasionally if a resident does not drink what is on their tray it may go into a cooler bag. On 04/24/2024 at 02:29 PM, the Director of Nursing (DON) was asked who is responsible for maintaining the ice packs and coolers in resident rooms to maintain hydration, and the DON said Restorative is supposed to round and check them every morning after breakfast. Any staff member that opens a cooler bag and finds that it needs ice or thickened liquids is expected to fix it for the resident. The DON said they do not have a hydration policy to address thickened liquids at the bedside, and the kitchen does not put dates on the 4 oz containers, because they go by the expiration date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916 Based on observation, interview, and record review, the facility failed to date humidifier bottles to ensure nursing staff changed humidifier bottles weekly to prevent respiratory infections. This failed practice had the potential to affect 2 residents living on 400 Hall using oxygen with humidifier bottles. The findings are: 1. Resident #59 had diagnoses of Cerebrovascular disease, Pressure ulcer of the sacral region, and Schizophrenia. The Quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 04/04/2024 indicated a Brief Interview for Mental Status score [BIMS] of 14 (13-15 indicates cognitively intact). a. A Care Plan (Revision, 03/27/2024) documented, .administer oxygen as ordered, change all disposable respiratory equipment clean/replace filter every Sunday night shift and bag and date . b. On 04/22/2024 at 11:32 AM, the Surveyor observed Resident #59 receiving 2 liters of oxygen via nasal cannula and an undated humidifier bottle. c. On 04/23/2024 at 10:20 AM, the Surveyor observed Resident #59 receiving 2 liters of oxygen via nasal cannula, with tubing dated 04/22/2024, and a humidifier bottle that is not dated. d. On 04/23/2024 at 03:13 PM, Resident #59 was receiving 2 liters of oxygen via nasal cannula using a humidifier bottle that was not dated. e. On 04/24/2024 at 02:12 PM, Licensed Practical Nurse (LPN) #1 was asked to accompany the Surveyor to room [ROOM NUMBER] and assist in checking the humidifier bottle for a date. LPN #1 removed the humidifier bottle and looked on all sides. LPN #1 told the Surveyor that it's not dated. The Surveyor asked what process was used when changing a humidifier bottle. LPN #1 confirmed that the humidifier bottle should be changed every 7 days, on Sunday, and the humidifier bottle should be dated. When the Surveyor asked why staff were expected to date humidifier bottles LPN #1 told the Surveyor to make sure the same bottle is not there over a week, or 7 days. f. On 04/24/2024 at 02:29 PM, the Director of Nursing (DON) was asked by the Surveyor to describe the process for changing out humidifier bottles on an oxygen concentrator. The DON reported that staff are expected to change humidifier bottles every 7 days, on Sunday nights. The DON was asked to provide the facility's oxygen policy. g. On 04/24/2024 at 03:59 PM, the DON provided a policy titled Oxygen Administration documenting, .Care and Use of Disposable Humidifiers: a. Change prefilled disposable humidifiers weekly .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 03508 Based on observation, interview, and record review, the facility failed to ensure meals were served in a method that maintained the appearance pureed food items and of hot food product and at temperatures that were acceptable to the residents to improve palatability and encourage good nutritional intake during 2 of 2 meals observed. This failed practice had the potential to affect 19 residents who receive meal trays in their rooms on the 100- Hall, 5 residents who receive meal trays on the 200- Hall, 4 residents who receive meal trays in their room on the 300- Hall, 14 residents who receive meal trays on 400- Hall. The findings are: 1. Resident #18 had diagnoses of End stage renal disease, Malnutrition, and Metabolic encephalopathy. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/09/2024 documented that the resident scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS). The care plan with a revision date of 03/18/2024 documented, .Problem: (Resident #18) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) old CVA (Stroke) .Approaches/Tasks: . o Eating: Resident requires set-up assistance with meals/eating . A physician's order dated 02/16/2024 documented, .[named brand of super calorie shakes] (Super calorie) diet Regular texture, Thin consistency, for add 2 shakes at lunch and dinner prefers vanilla . On 04/23/2024 at 09:27 AM, the Surveyor asked Resident #18, How is the food that you receive here at the facility? Resident #18 stated, The food is not good. The Surveyor asked Resident #18, What is specifically wrong with the food? The Resident stated, It is usually cold, and it does not taste good. 2. On 04/24/2024 at 12:26 PM, an unheated food cart that contained trays for lunch trays was delivered to the 300 -Hall, by Certified Nursing Assistant (CNA) #2. At 12:39 PM, immediately after the last resident was served in their room on 300 -hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary supervisor with following result: Lasagna with meat sauce 110 degrees Fahrenheit. 3. On 04/24/2024 at 12:30 PM, an unheated food cart that contained trays for lunch trays was delivered to the 100- Hall by the CNA #3. At 12:41 PM, immediately after the last resident was served in their room on 100 Hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary Supervisor with following result: Lasagna with meat sauce 111 degrees Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. On 04/25/2024 at 07:20 AM, an unheated food cart that contained trays for breakfast trays was delivered to the 400 -Hall, by the CNA #3. At 07:58 AM, immediately after the last resident was served in their room on 400 -Hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary Supervisor with following result: a. Pureed scrambled eggs 105 Degrees Fahrenheit. b. Pureed sausage 102 degrees Fahrenheit. c. Pureed oatmeal 108 degrees Fahrenheit. d. Scrambled eggs 110 degrees Fahrenheit. 5. On 04/25/2024 at 07:30 AM, the following pans that contained pureed diets food items were on the steam table: a. A pan of pureed sausage. The appearance was runny. b. A pan of pureed oatmeal. The appearance was runny. c. A pan of French toast. The appearance was running. d. A pan of pureed eggs. When plated by the Dietary Supervisor to serve to the residents who required pureed diets for breakfast. All pureed food items ran together. 6. On 04/25/2024 at 07:33 AM, the Surveyor asked CNA #1, who was assisting residents in the dining room, to describe the appearance of the pureed diets served to the residents who required pureed diets for breakfast. She stated, They don't look good. They were running together. 7. On 04/25/2024 at 07:34 AM, the Surveyor asked CNA #2, who was assisting residents in the dining room, to describe the appearance of the pureed diets served to the residents who required pureed diets for breakfast. CNA #2 stated, I wouldn't eat it. They shouldn't be running together. CNA #3 stated, They ran together. 8. On 04/25/2024 at 07:36 AM, the Surveyor asked CNA #4, who was assisting residents in the dining room, to describe the appearance of the pureed diets served to the residents who required pureed diets for breakfast. CNA #2 stated, They ran together. I wouldn't eat it. 9. On 04/25/2024 at 07:55 AM, an unheated food cart that contained trays for lunch trays was delivered to the 100 -Hall, by CNA #7. At 08:09 AM, immediately after the last resident was served in their room on 100-hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary supervisor with the following result: a. Scrambled eggs 110 degrees Fahrenheit. b. sausage 99 degrees Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10. On 04/25/2024 at 08:15 AM, the Surveyor asked the Dietary Supervisor to describe the appearance of pureed food items served to the residents for breakfast. She stated, They could had been thickened a little.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508 Based on observation, interview, and record review, the facility failed to ensure foods stored in the freezer and dry storage area were covered, sealed, dated, and were stored in to prevent potential food borne illness for resident who received meals from 1 of 1 kitchen, expired food items were promptly removed from stock to prevent potential food borne illness for residents who received meal trays from 1 of 1 kitchens, and dietary staff washed their hands before handling clean equipment and food items to prevent potential food borne illness for residents. The failed practices had the potential to affect 66 residents who receive meals from the kitchen. The findings are: 1. On [DATE] at 12:50 PM, the following items were noted on a shelf in the freezer, there were no dates of when the food items were received or when opened: a. An opened box of cheese omelets. The bag was not sealed or dated when opened. b. An opened box of egg patties. The box was not covered, sealed, or dated when opened. c. An opened box steak fingers. There was no open date on the box. d. An opened box of chocolate chip cookies. The box was not covered or sealed. e. An opened box of bread sticks. The box was not covered or sealed. 2. On [DATE] at 12:30 PM, the following observations were made on the bread rack and on the rack in the storage room: a. There were 13 bags with 8 counts of hot dog buns in each bag on the bread rack with an expiration date of [DATE]. b. A bag of bread was on the bread rack with an expiration date of [DATE]. c. A box of tea leaves on the rack had an expiration date of [DATE]. d. Four of 4 -46 fluid ounce cartons of nectar lemon flavor were on the rack with an expiration date of [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045199	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Rehabilitation and Care Center	19701 Interstate 30 Benton, AR 72015

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. On [DATE] at 04:27 PM, Dietary Employee (DE) #1 was wearing gloves on her hands when she picked up bags of sandwich buns and placed them on the counter. DE #1 untied a bag of sandwich buns that were on the counter, contaminating the gloves on her hands. Without changing gloves and washing her hands, DE #1 removed buns from the bag, placed them into a pan to be used in pureeing barbeque sandwiches to be served to the residents who required pureed diets for supper meal. At 04:30 PM, the DE #1 removed gloves from her hands. Without washing her hands, she picked a clean blade and attached it to the base of the blender to be used in pureeing food items to be served to the residents who required pureed diets. At 04:31 PM, as DE #1 was about to place diced chicken into a blender, to be ground and use in making barbeque sandwiches to be served to the residents on mechanical soft diets, the Surveyor immediately stopped DE #1 and asked, Should you have done after touching dirty objects equipment and before handling food items? DE #1 stated, I should have washed my hands. 5. A facility policy titled Handwashing and Glove Usage in Food Service documented, Food handlers must wash their hands: Before starting work .After leaving or returning to the kitchen prep area and after touching anything else such as dirty equipment and work surfaces.