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	07/31/2025

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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure dietary staff washed their hands between dirty and clean tasks, and before handling clean equipment for one of two meals observed. The findings include: During a concurrent observation and interview on 07/30/2025 at 8:51 AM, this surveyor observed Dietary Aide (DA) #1 push a cart of pitchers without gloves on, which contaminated her hands. Without washing her hands, DA #1 picked up a coffee bag and placed it into the coffee basket to prepare coffee for the residents for lunch. This surveyor asked DA #1 what she should have done after touching dirty objects and before handling clean equipment. DA #1 stated she should have washed her hands. During a concurrent observation and interview on 07/30/2025 at 9:54 AM, this surveyor observed DA #2 lift the trash can lid and throw away tissue paper without gloves on, which contaminated her hands. Without washing her hands, DA #2 picked up a bag of tea and placed it into a brew basket to brew and serve to the residents for lunch. This surveyor asked DA #2 what she should have done after touching dirty objects and before handling clean equipment. DA #2 stated she should have washed her hands. During a concurrent observation and interview on 07/30/2025 at 10:10 AM, this surveyor observed DA #1, without gloves, push a cart full of dirty dishes out of the way, which contaminated her hands. DA #1 picked up clean plates from the dish rack, placing her fingers on top of the plates where food would be placed. When she was ready to place the plates into the plate warmer, this surveyor asked DA #1 what she should have done after touching dirty objects and before handling clean equipment. DA #1 stated she should have washed her hands. During a concurrent observation and interview on 07/30/2025 at 10:30 AM, this surveyor observed DA #2 turn on the sink faucet to fill a pitcher without gloves on, then turn the water off, contaminating her hands. Without washing her hands, DA #2 picked up glasses by their rims and placed them on the counter. DA #2 then poured thickened liquid into the glasses to be served to the residents who required thickened liquid. DA #2 stated she should have washed her hands. During a concurrent observation and interview on 07/30/2025 at 12:14 PM, this surveyor observed Dietary [NAME] (DC) #3, without gloves on, pull her blouse down, contaminating her hands. Without washing her hands, DC #3 picked up a clean blade and attached it to the base of the blender to be used in pureeing food items to serve to the residents on pureed diets for lunch. DC #3 stated she should have washed her hands. (continued on next page)

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

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	07/31/2025

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

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(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 - Some	A review of a facility policy titled, “Handwashing and Glove Usage in Food service,” indicated hands should be washed as often as possible, and that it was important to wash hands before starting to work, after leaving and returning to the prep area and after touching anything else such as dirty equipment and work surfaces, as often as needed during food preparation, and when changing tasks.