

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
NAME OF PROVIDER OR SUPPLIER Hudson Memorial Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 700 N. College Avenue El Dorado, AR 71730	
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 observations, interviews, and facility policy review, it was determined the facility failed to ensure foods were stored and prepared under sanitary conditions for residents who received foods from one of one kitchen. The findings include: During the initial tour on 07/12/2025 at 9:55 AM, with Dietary Aide (DA) #1, this surveyor observed a box of opened egg rolls, stored in the walk-in freezer, in a plastic bag open and unsealed. DA #1 indicated that the bag should have been sealed. During an observation and concurrent interview on 07/14/2026 at 10:20 AM, there was a quarter pan found under the food prep-area, identified by the Dietary Supervisor (DS) as ready for use. It was wet and nested inside other quarter pans. The DS indicated that the pans should not be stored wet and should be allowed to air-dry before being stored. -During this observation the 3-compartment sink was observed to be in use. The DS stated the sanitizer-water temperature should be 110-120 degrees Fahrenheit (F). The DS then referred to a reference on the wall and stated that the sanitizer water temperature should actually be 65-75 degrees F. During an observation and concurrent interview on 07/14/2026 at 10:35 AM, DA #2 indicated that she was responsible for the dishwashing and dish machine testing, and that the dish machine was a low-temp machine (A low-temperature commercial dishwasher uses chemical sanitizers (like chlorine) instead of boiling hot water to clean dishes). DA #2 was observed performing a test with a bottle of test strips. DA #2 stated the bottle of test strips had been used since July 1, 2026. DA #2 put the strip into the bottom basin of the dish machine water for 1-2 seconds and compared it with the range on the bottle. The strip ranges were 0 parts-per million (ppm), 12.5 ppm, 25 ppm, and 50 ppm. DA #2 stated the strip should turn purple to indicate the sanitizing solution was at an acceptable level. No purple color was observed, and instead the strip read between 0 ppm and 12.5 ppm. DA #2 and DS referenced the test strip bottle instructions and confirmed the strip should stay in the water for 60 seconds. DA #2 indicated she did not know how long to leave the strip in the water, and she did not have a reference in which to measure time to know how long the strip had been in the water. DA #2 indicated she was educated on the testing process upon hire in August of 2022. (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a subsequent observation and concurrent interview on 07/14/2026 at 10:39 AM, DA #2 ran the dishwasher again, performed a test, and again it was observed to register between 0 ppm and 12.5 ppm. DA #2 indicated the dishwasher testing frequency was twice on her shift and once on the evening shift (3 times per day). The July 2026 Test Log was reviewed, and revealed no documentation of testing for the wash water temperature, the rinse water temperature or the sanitizer for the following dates and wash test period: 07/02/2026 &ndash; lunch wash 07/06/2026 &ndash; breakfast wash 07/06/2026 &ndash; lunch wash 07/06/2026 &ndash; dinner wash 07/08/2026 &ndash; dinner wash 07/10/2026 &ndash; dinner wash 07/11/2026 &ndash; dinner wash07/13/2026 &ndash; dinner wash All entries on the July 2026 Test Log were recorded at 100 ppm, for the sanitizer. During an interview on 07/15/2026 at 8:42 AM, the Dietician stated that the dishwasher should be tested at the start of each day and each shift (3 times per day), and the risk to the resident of dishes not being cleaned/sanitized appropriately was a risk of food not being cleaned off or an allergic reaction. The Dietician also indicated that items stored in the freezer needed to be sealed to prevent anything from touching it and also protecting it from the air or cross-contamination. During an interview on 07/15/2026 at 10:21 AM, DA #2 indicated that when testing the dishwasher, test strips should turn purple, which indicated the solution was 100 ppm. DA #2 was asked by the surveyor how the strips register at 100 ppm when the reference range stops at 50 ppm. DA #2 admitted to not be looking at the range closely and writing down what I thought it was. DA #2 also indicated that some of the strips used in the past did go up to 100 ppm. DA #2 confirmed that she washed dishes in the 3-compartment sink the day before but was not able to speak to the temperature requirements for the 3-compartment sink because it was her first time to use it. DA #2 indicated that water not at the correct temperature, and sanitizer not being at the correct strength could be illness and cross-contamination. DA #2 indicated she was taught how to do her job when she oriented August 15, 2022. During an interview on 07/15/2026 at 12:27 PM, Maintenance indicated that the kitchen was not using the correct test strips, because the chemicals had recently changed earlier this month. They were using Iodine-based strips when they should have been using Chlorine-based strips. During an interview on 07/15/2026 at 2:01 PM, the DS indicated the following information: (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The cause of the dishwasher issue was that the type of chemical being used was changed on 07/01/2026. The cause of the strips not reading right with the dishwasher was because Iodine strips were still being used and not Chlorine strips. The facility had obtained the appropriate Chlorine strips, and the strips were still not registering in the desired range. The vendor was contacted for a service call and the facility transitioned to disposable serving ware and eating utensils in the interim because the vendor would not be on site until 07/16/2026. 1:1 education was completed with the dishwasher staff to educate them that the water must be in the appropriate range for the 3-compartment sink, as well as the temperature of the wash and rinse water. The DS stated they had verified the reference for the 3-compartment sink on the wall above the sink was the correct cleaning chemical &ndash; and the temperature for the sanitizer should be between 65-75 degrees F. Fresh water and sanitizer for the 3-compartment sink was run to the fill line and tested appropriately at 200-400 ppm with temp at 98 degrees F - tested in acceptable range per strips and per wall reference. During observation and concurrent interview on 07/15/2026 at 10:10 AM, a brownish-gray substance was noted to be approximately greater than 6 feet up the walls (extending to the ceiling), on the air-conditioner vent(s) above the steam table, on sprinkler piping above the steam table, and toward the top of the cookstove extending to the top. DA #1 took a white paper towel, wiped some of the substance that was reachable on the wall and the substance was observed to transfer to the white paper towel. DA #1 stated what was on the wall was probably what was on the other areas, and it was dust. DA #1 indicated there was a risk of dust falling into the food. During an interview on 07/15/2026 at 8:42 AM, the Dietician indicated that for sanitary reasons the staff need to make sure the gray substance is not falling into the food. During an interview on 07/15/2026 at 10:33 AM, the [NAME] indicated the substance on the walls, vent, ceiling, sprinkler pipes, and above the stove was gray and was dust or more than dust. The [NAME] also indicated that a result of the respective areas not being clean was it could fall into the food and contaminate it. The [NAME] also indicated that pans should not be stored wet while nested because of the possibility of bacterial growth. During an interview on 07/15/2026 at 12:00 PM, the Infection Preventionist (IP) indicated that the substance on the walls, ceiling, sprinkler pipes, vents, and top of the stove did not need to fall into the food because nobody knows what the substance is and it could cause gastro-intestinal issues. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and concurrent interview on 07/15/2026 at 5:04 PM, the DS indicated the substance on the above referenced areas could be dust or mold. The DS also indicated that they did not have a policy for cleaning the kitchen. A review of the cleaning schedules for the kitchen did not identify the cleaning of the walls greater than approximately 6 feet extending to the ceiling, air-conditioner vents, sprinkler piping, ceiling, and top of stove. A review of the kitchen staff in-service education dated 07/02/2026, indicated, Food stored in freezers shall be wrapped in airtight packages.		

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F 0803 Level of Harm - Potential for minimal harm Residents Affected - Many	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. Based on observations, interviews, and facility policy review, the facility failed to ensure the menu was followed for one of one kitchen. Specifically, there was an omission of a menu item during a meal. Based on observation and interviews, the facility failed to ensure the menu was followed for one of one kitchen. Specifically, there was an omission of a menu item during a meal. The findings include: Review of the Breakfast Menu for 07/15/2026 revealed items to be served were as follows: Juice of choice Cereal of choice Egg of choice Sausage Hashbrown patty Biscuit During an observation and concurrent interview on 07/15/2026 at 6:00 AM, the menu was reviewed with the Cook, who confirmed the morning menu included a hashbrown patty. This surveyor observed no hashbrown patties on the steam table. The cook stated that there were no hashbrown patties available, as listed. This surveyor asked the [NAME] if a substitute was available, and the [NAME] stated that she could prepare some sort of potato, but no substitute had been prepared. The breakfast meal service was observed, and no potato dish or substitute was provided. During an interview on 07/15/2026 at 8:42 AM, the Dietician stated that the hashbrown patty should have been substituted with some type of potato alternative and that the menu was formed to ensure a complete meal, with the correct number of servings for carbohydrates, calories, and vegetables. The Dietician also stated that she approved the menus and they should be followed. During an interview on 07/15/2026 at 2:01 PM, the Dietary Supervisor (DS) indicated that there were options in the freezer to substitute the potato serving, but the [NAME] may not have considered it, at that time. Review of the employee training sign-in sheet dated 07/02/2026, indicated training was provided regarding Learning state regulated rules. Attached to the training sign in sheet was Dietetic Services policies which revealed that meals served shall correspond essentially with the posted menus.		