STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045227	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Manor Nursing & Rehab	950 Homestead Ashdown, AR 71822

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 48390 Based on interviews and record review, it was determined the facility failed to ensure resident was provided with the opportunity to formulate advance directives other than code status, to enable resident to make advance decisions regarding which measures should be provided or withheld in the event of their incapacitation for 1 resident (Resident #54). The findings are: 1. Review of the Care Plan indicated the facility admitted Resident #54 with diagnoses that included Alzheimer's disease, chronic fatigue, hypertension, dementia, and anxiety a. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/11/2024 revealed Resident #54 had a Brief Interview for Mental Status [BIMS] score of 0, which indicated the resident has severe cognitive impairment. b. The clinical records for Resident #54 did not indicate the resident was provided with the opportunity to formulate an Advance Directive. c. On 07/16/2024 at 3:33 PM, the Administrator in Training (AIT) provided a copy of the Physician Orders for Life-Sustaining Treatment (POLST) for Resident #54 dated 01/31/2024. d. On 07/18/2024 at 2:14 PM, the Surveyor interviewed the Administrator regarding Advance Directives. The Administrator was asked what the difference was between an Advance Directive and a POLST. The Administrator stated, Aren't they the same thing? The Surveyor asked if they had an Advance Directive other than the POLST for Resident #54. The Administrator was unable to locate or provide an Advance Directive for Resident #54. e. On 07/18/2024 at 2:18 PM, the Surveyor requested a policy on Advance Directives from the Administrator. At 3:20 PM, the Administrator provided a DNR (Do Not Resuscitate) - No Extraordinary Life-Saving Measures policy. The Do Not Resuscitate Policy indicated, Purpose: Ensure that resident rights are protected in the presence of a DNR order or Advance Directive; when the resident wishes for no extraordinary measures to be taken at his/her end of life.

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NAME OF PROVIDER OR SUPPLIER: Pleasant Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 950 Homestead Ashdown, AR 71822	

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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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42965 49688 Based on record review, and interview the facility failed to notify the resident and/or resident representative of the facility policy for bed holds including reserve bed hold payments when the resident was transferred/ discharged to the hospital for 4 (Residents #15, #38, #61 and #67) sampled residents. The findings are: 1. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/22/2024 indicated that Resident #15 had diagnoses of end-stage renal disease (ESRD), Viral Hepatitis, and Non-Alzheimer's Dementia and scored 13 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS). a. A review of a Hospital Discharge Summary dated 06/25/2024 indicated Resident #15 was admitted to the hospital on 06/20/2024 with the principal problem of acute renal failure and discharged back to the facility on [DATE]. b. On 07/17/2024 at 12:15 PM, the Administrator was asked for a copy of the bed hold notification that was given to Resident #15 and the resident's representative when the resident went to the hospital on 06/20/2024. c. On 07/17/2024 at 12:20 PM, the Administrator stated, We do not send out a bed hold notice when the resident's go to the hospital. We give them the bed hold agreement when they are first admitted , but we do not give them a notice when they go to the hospital. d. On 07/17/2024 at 2:05 PM, the Administrator was asked if the facility had a bed hold policy and the Administrator stated, We do not. 2. Resident #38 had diagnoses of chronic obstructive pulmonary disease, depression, schizophrenia and bipolar as noted on the face sheet 07/18/2024 and hospital note on 07/09/2024. a. A review of Resident # 38's hospital admission and discharge documentation indicated the hospital admitted Resident # 38 with a diagnosis of pneumonia on 07/08/2024. b. On 07/18/2024 at 1:39 PM, the Surveyor asked the Administrator for a copy of the notification to Resident #38 and or the resident's representative of the facility policy for bed hold, including reserve bed payment. The Administrator stated she didn't realize that was supposed to be done. 3. Resident #61 had diagnoses listed on the Order Summary of 07/19/2024 of pneumonia, major depressive disorder, and lymphedema. (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. A review of Resident #61's Progress Note indicated the resident was sent to the emergency room and admitted the hospital 11/23/2023 related to low 02 (Oxygen) and altered mental status. Resident was discharged home on hospice 01/02/2024 then readmitted back to nursing home on 01/12/2024. b. On 07/18/2024 at 1:39 PM, the Surveyor asked the administrator for a copy of the notification to resident # 61 and or the resident's representative of the facility policy for bed hold, including reserve bed payment. The Administrator stated she didn't realize that was supposed to be done. c. On 07/18/2024 at 1:39 PM, the Administrator stated they did not have a policy for bed hold they did not know they had to have one. 4. Resident #67 had diagnoses from the Significant Change MDS with Assessment Reference Data (ARD) of 06/25/2024 of sepsis due to streptococcus pneumonia, anxiety disorder, acute embolism, and heart failure. a. A review of Resident #67's hospital admission and discharge documentation indicated the hospital admitted Resident # 67 with a diagnosis of pneumonia on 06/16/2024. b. On 07/18/2024 at 1:39 PM, the Surveyor asked the Administrator for a copy of the notification to Resident # 67 and the resident's representative of the facility policy for bed hold, including reserve bed payment. The Administrator stated she didn't realize that was supposed to be done.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48390 Based on interview, and record review the facility failed to ensure the minimum data set [MDS] accurately reflected on section A1500 the preadmission screening and assessment resident record [PASARR] a serious mental illness and/or intellectual disability affecting 2 Resident (Resident #14 and #45) with a level II PASRR. The findings are: 1. Review of the Medical Diagnosis portion of Resident #14's electronic health record revealed diagnoses of bipolar disorder, anxiety disorder, and major depressive disorder. a. The quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 04/04/2024 documented no in Section A1500 if the resident was currently considered by the Level 11 PASARR process to have serious mental illness. b. A letter from the State Designated Professional Associates dated 08/17/2022 states, The above-named client will require a PASRR/Level II Screening to be completed at your nursing facility per the Office of Long-Term Care. An Assessor from the State Designated Professional Associates will contact your facility to make arrangements for this appointment. c. A letter from the State Designated Professional Associates dated 08/23/2022 with results of the Level II states, You DO NOT require specialized services for your mental illness (MI). intellectual disability, and/or developmental disability (ID/DD) beyond the capabilities of a nursing facility. Specialized services for ID/DD are services provided outside the nursing facility such as Sheltered Workshop or Adult Education. d. A review of Resident #14's Care Plan showed the resident had a diagnosis of bipolar disorder. e. On 07/18/2024 at 1:38 PM, the Minimum Data Set (MDS) Coordinator was interviewed regarding Resident #14. The Surveyor asked the MDS Coordinator if the Resident had a PASARR II diagnosis. The MDS Coordinator indicated yes. The surveyor asked if the Resident doesn't require services, does the MDS have to be coded showing a PASARR II. The MDS Coordinator indicated yes. The Surveyor asked the MDS Coordinator to look up the MDS for Resident #15 and see how it is marked and tell this surveyor how it is supposed to be coded. The MDS Coordinator looked in the electronic record and stated, PASARR level II but doesn't require services. The Surveyor asked, how is the MDS marked? The MDS Coordinator stated, The MDS under section A1500 is marked NO, it should be marked yes. f. On 07/18/2024 at 3:20 PM, a Resident Assessment Instrument Process (RAI/MDS) was provided to this surveyor by the Administrator and showed Procedure: 1. The MDS Coordinator or designee will open/initiate the appropriate MDS 3.0 item Set either on a paper copy of the item Set or in the facility's electronic medical record (EMR)within the allowable ARD window (Includes grace day for PPS assessments) and complete Section A. 2. Review of the Medical Diagnosis portion of Resident #45's electronic health record revealed diagnoses of depression, anxiety disorder, manic episode, and bipolar disorder. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. A review of Resident #45's MDS with an ARD of 10/23/2023 shows that Section A1500 is marked no for needed a Level II PASRR. b. A review of Resident #45's Care Plan shows, The resident is/has potential to be physically and/or verbally aggressive r/t Bipolar disorder Noted to frequently cry or be emotional Short tempered. c. A letter from the State Designated Professional Associates dated 03/03/2022 states The above-named client will require a PASRR/Level II Screening to be completed at your nursing facility per the Office of Long Term Care. An Assessor from the State Designated Professional Associates will contact your facility to make arrangements for this appointment. d. A letter from the State Designated Professional Associates dated 3/09/2022 indicated results of the Level II that included You DO NOT require specialized services for your mental illness (MI), intellectual disability, and/or developmental disability (ID/DD) beyond the capabilities of a nursing facility. Specialized services for MI are services such as inpatient psychiatric hospitalization . Specialized services for ID/DD are services provided outside the nursing facility such as [Named local workshop] or adult Education. e. On 07/18/2024 at 1:45 PM, the MDS Coordinator was interviewed regarding Resident #14. The Surveyor asked the MDS Coordinator if the resident had a PASARR II diagnosis? The MDS Coordinator indicated yes. The surveyor asked if the Resident doesn't require services, does the MDS have to be coded showing a PASARR II. The MDS Coordinator indicated yes. The Surveyor asked the MDS Coordinator to look up the MDS for this resident and see how it is marked and tell this surveyor how it is supposed to be coded. The MDS Coordinator looked in the electronic record and stated, PASARR level II but doesn't require services. The Surveyor asked, how is the MDS marked? The MDS Coordinator stated, The MDS under section A1500 is marked NO, it should be marked yes. The MDS Coordinator stated, I just missed that one too.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 03508 Based on observation and interview, the facility failed to ensure pureed food items were blended to a smooth, lump free consistency to minimize the risk of choking or other complications for those residents who required pureed diets for 2 of 2 meals observed. The failed practice had the potential to affect 3 residents who received pureed diet, and only resident who received pureed meat only. The findings are: 1. On 07/15/2024 at 11:38 AM, Dietary [NAME] (DC) #1 used a spatula to place 5 servings of beef enchilada into a blender and pureed. At 11:39 AM, DC #1 poured the pureed beef enchilada into a pan and placed it on the steam table. The consistency of the pureed beef enchilada was lumpy and not smooth. 2. On 07/15/2024 at 11:47 AM, DC #1 used a #6 scoop to place 5 servings of Spanish rice into a blender and pureed. At 11:49 AM, DC #1 poured the pureed rice into a pan that had some loose rice in it. The consistency of the pureed Spanish rice was lumpy and was not smooth. The were rice grains visible in the mixture. 3. On 07/15/2024 at 12:21 PM, the surveyor asked the Dietary Manager (DM) to describe the consistency of the pureed Spanish rice and pureed beef enchilada served to the residents on pureed diets. She, stated, Pureed rice had some chunks in it still and beef enchilada has lumps in it. I will puree them over. 4. On 07/16/2024 at 12:44 PM, the following food items were served to the residents on the pureed chicken diets: a. Pureed chicken: The consistency was thick and lumpy and was not smooth. b. Pureed bread: The consistency was too thick. 5. On 07/16/2024 at 12:45 PM, the surveyor asked Certified Nursing Assistant (CNA) #5 who was assisting residents in the unit dining room to describe the consistency of the pureed barbeque chicken and pureed bread to the residents on pureed diets. She stated, they were both pretty thick. 6. On 07/16/2024 1at 2:58 PM, the surveyor asked CNA #6 who was assisting residents in the dining room to describe the consistency of the pureed barbeque chicken and pureed bread to the residents on pureed diets. She stated, they were both thick. 7. On 07/16/2024 at 1:15 PM, the surveyor asked the DM to describe the consistency of the pureed foods served to the residents for lunch. She stated, they were thick. She should have added more milk. The surveyor asked the DM what should have been done when food items are not hot enough to serve the to the residents. She stated, Reheat them.

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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.

03508

Based on observation, record review and interview, the facility failed to ensure the ice machine and ice scoop were maintained in a clean and sanitary condition to prevent potential growth of harmful bacteria that could be transferred to the residents food, failed to ensure opened food items in the refrigerator, freezer and storage room were covered, sealed and dated to maintain freshness and prevent potential cross contamination, failed to ensure dietary staff practiced good hand washing techniques to potential cross contamination of food and clean dishes, failed to ensure hot food item was maintained at the required temperature on the stove and serving line to prevent potential foodborne illness. This failed practice had the potential to affect 69 residents who received meals from the kitchen.

The findings are:

1. On 07/15/2024 at 9:17 AM, the area in the ice machine where ice forms before dropping into the ice collector had wet sage and brown colors on it. The Surveyor asked the Dietary Manager (DM) to wipe the area. The wet sage and brown residue easily transferred to the tissue. She stated, It was sage and brown residue. The Surveyor asked the DM, Who uses the ice from the ice machine and how often do you clean it? She stated, We clean it every month. That's the ice the CNAs [Certified Nursing Assistants] use for the water pitchers in the resident's rooms and we use it in the kitchen to fill beverages served to the residents at mealtimes.

2. The scoop holder on top of the hand washing on the wall by the food preparation sink had accumulation of wet black/gray residue all around the corner and the area where ice scoop was resting. The surveyor asked Dietary Manager to wipe the wet yellowish/brown residue. She did so, wet yellowish/brown residue easily transferred to the tissue. The surveyor asked Dietary Manager How often do you clean the ice machine and who uses the ice from the ice machine? stated, We clean it once a week. That's the ice the CNAs [Certified Nursing Assistants] use for the water pitchers in the residents' rooms and we use it in the kitchen to fill beverages served to the residents at mealtimes.

3. On 07/15/2024 at 9:35 AM, the Dietary Manager asked the Maintenance Supervisor to wipe the area where ice forms before dropping into the ice collector. Wet yellowish/brown residue easily transferred to the tissue. The surveyor asked the Maintenance Supervisor to describe what was observed on the tissue. He stated, It's kind of slimy and moldy.

4. On 07/15/2024 at 9:42 AM, the following observations were made in the kitchen:

a. An opened box of salt was under food preparation close to the hand washing sink. The box was not covered.

b. A gallon of liquid margarine with an opening date of 07/07/2024 was stored on a shelf below the food preparation counter.

(continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	5. On 07/15/2024 at 9:46 AM, Dietary Aide (DA)#1 turned on the 3-compartment sink and washed her hands. She dried her hands with a tissue. As the tissue got saturated with water, she pulled another tissue covering the saturated tissue with it, she then, used the same tissue to dry her hands, contaminating her hands. She removed gloves from the glove box, placed them on her hands, contaminating the gloves. Without changing gloves and washing her hands, she picked up clean dishes and stacked them on a rack with her fingers inside the dishes. 6. On 07/16/2024 at 8:22 AM, the surveyor asked DA#1 what should you have done after touching dirty objects and before handling clean equipment? She stated, I should have removed gloves and washed my hands. 7. On 07/15/2024 at 10:11 AM, the following observations were made in the walk-in freezer. a. An opened box of burritos. The box was not covered. b. An opened box of egg rolls. The box was not covered, the bag inside that held egg rolls was not sealed. c. An opened box of chocolate chip cookies. The box was not covered or sealed. d. An opened box of garlic. The box was not covered or sealed. 8. On 07/15/2024 at 10:15 AM, an opened box of fish fryer crumbs was on a rack in the storage room and had no opening date on it. 9. On 07/15/2024 at 10:55 AM, the following observations were made in the freezer in the unit: a. A box of popsicles containing 12 were mushy to touch with a used by date of 04/27/2024. b. A box of popsicles with 9 pops that were mushy to touch. c. A carton of chocolate ice cream was soft to touch. Dietary Manager stated, The popsicles were mushy and chocolate ice cream was soft to touch. A bottle of water and other food package in the freezer were frozen solid. 10. On 07/15/2024 at 10:58 AM, the following observations were made on a shelf in the unit refrigerator: a. A bowl of chili covered with plastic wrap had fuzzy, white, green, and black residue on it. There was no name to identify who it belongs to, and the storage date was not marked on the bowl. The Dietary Manager stated, It's molded. b. A crock pot that contained smokey sausage links with sauce. The was no name to aid in identifying whom it belongs to, and the storage date was not on the pot. c. On 07/15/2024 at 11:06 AM, Licensed Practical Nurse #3 stated, the popsicles were melted, and chili was molded and nasty. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	d. On 07/16/2024 at 10:48 AM, the Administrator in training stated, The ice cream in the unit freezer came from hospice care. They were having an ice cream social on 06/19./2024 and whatever was left, they said to give it to the residents in the memory unit. 11. On 07/15/2024 at 11:42 AM, DA #4 was wearing gloves on her hands when she turned on the 3-compartment sink and washed the blender bowl, the blade and the lid that goes over the bowl. She then turned off the faucet with her gloved hand. Without changing gloves and washing her hands, she used her contaminated gloved hand to pick up a blade and attached it to the base of the blender. When DC #1 was preparing to use it for pureeing foods to be served to the residents on pureed diets, the surveyor pointed out leftover food stuck in the corners that hadn't been properly cleaned, and immediately asked DA #4 what she should have done after touching dirty objects and before handling clean equipment. She stated, I should have washed my hands. 12. On 07/15/2024 at 12:58 PM, the temperature of tomato soup in a bowl on the stove checked by the Dietary manager before it was served to the residents was 101-degree Fahrenheit. Tomato soup was not reheated before served to the resident who requested for it. 13. A facility policy titled Handwashing/Hand Hygiene provided by the Dietary Manager on 07/16/2024 at 1:41 PM, showed under general instructions wash hands before, during after food preparation.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 03508 Based on observation, record review and interview, the facility failed to maintain an effective pest control program to ensure the kitchen service areas and the main dining room were free of pests. This failed practice had the potential to affect all residents who resided in the facility. The findings are: 1. Pest control invoices were reviewed and showed the following: a. An invoice dated 5/1/2024 showed target pests none. b. An Invoice dated 06/03/2024 showed general pest control service. c. An Invoice dated 06/14/2024 showed re-service inside flies. d. An Invoice dated 06/24/2024 showed re-service inside flies. 2. A Quality Assurance Action Plan provided by the Administrator in training on 07/16/2024 at 10:18 AM under intervention documented, Fly control. I. (Named) pest control x 2 fly spray for 1/5, 2/1, 3/4, 4/1, 5/1, 5/23, 5/25/5/29, 6/1, 6/3, and 7/2. An Invoice dated 07/04/2024 showed re-service inside flies. 3. An Invoice dated 5/29/2024 showed 6 feet lights installed results: ongoing fly treatment. 4. On 07/15/24 at 9:33 AM, the following observations were made in the kitchen area: a. A fly on the ceiling by the air vent. b. Two flies on the metal wall above the food preparation sink. c. One fly on the metal wall above the counter where the drink machine was located. d. One fly on the floor in front of the food preparation counter. e. One fly on the tong, one at the back a saucepan, and one at the back of colander hanging on the metal bar above the food preparation counter. f. One fly at the edge of the tray cover located on the counter that contained snacks. g. One fly on the wall by the hand washing sink. i. Two flies on the rack by the deep fryer where plate covers where kept. j. One fly was on the vent hood. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	k. One fly on top of the ice chest lid located by the ice machine. l. Two flies in the dishwashing machine room. m. One fly on the wall by the fly trap. n. One fly at the edge of a pan on the steam table. The Dietary Manager stated, That's a lot of files. The surveyor asked the Dietary Manager to count the flies in the kitchen and in the dish washing machine room. She stated, I counted 18 flies. 4. On 07/16/24 11:05 AM, the following observations were made in the kitchen. a. Two flies on the rack where tray covers were kept. b. One fly on the counter where the tea machine was kept. c. One fly on the cod attached to a socket above the food preparation counter. d. Two flies on the tray on the counter. e. 0ne fly on the wall by the fly tray. f. One fly on dish rack where clean dishes were kept uncovered. g. Two flies on a rack leading to the outside. h. Two flies were crawling on top of the potholder on the counter by the steam table. i. One fly was on the metal wall leading to the kitchen. The Dietary Manager stated, We killed some of the flies last night. The surveyor asked the Dietary Manager to count the flies that were in the kitchen now. She stated, There were 13 flies, we have been having problems with flies for few months now. 9. On 07/16/2024 at 12:05 PM, the surveyor interviewed the pest control representative with the pest control company. He stated the flies have been bad for several months, and he noticed they were early this year. He shared photos of the ultraviolet sticky fly traps. The photo of the trap in the kitchen showed there were only 12 flies adhered to the trap since 7/01/2024. He advised the traps were the only intervention they are using at this time inside the building. Other interventions such as chemicals are used outside the building, especially at the entrances.