

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Des Arc Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 West Main Street Des Arc, AR 72040	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Number of residents sampled: Number of residents cited: Based on facility policy and document review, observations, and interviews the facility failed to ensure staff performed hand hygiene during medication administration to prevent the spread of infection and cross contamination. This failed practice had the potential to spread infection to five (Resident #2, #62, #64, #44, and #28) of eight residents observed during medication administration. The findings include: During an observation of the evening medication administration by Licensed Practical Nurse (LPN #1) on 07/22/2026 the following were observed: At 4:19 PM, this surveyor observed that LPN #1 did not perform hand hygiene before medication administration to Resident #2. After Resident #2's medication was administered by LPN #1, LPN #1 pulled the next residents' medications from the medicine cart without performing hand hygiene. The medications observed during this administration were: a pain/fever reducer, nerve pain medication, iron supplement, seizure medication, and allergy nasal spray. At 4:28 PM, this surveyor observed that LPN #1 did not perform hand hygiene before medication administration to Resident #62. After Resident #62's medication was administered by LPN #1, LPN #1 pulled the next residents' medications from the medicine cart without performing hand hygiene. The medication observed during this administration were: nerve pain medication. At 4:31 PM, this surveyor observed that LPN #1 did not perform hand hygiene before medication administration to Resident #64. After Resident #64's medication was administered by LPN #1, LPN #1 pulled the next residents' medications from the medicine cart without performing hand hygiene. The medications observed during this administration were: an alpha blocker and a nerve pain medication. At 4:33 PM, LPN #1 did not perform hand hygiene after leaving resident #64 prior to preparing Resident #44's medications before medication administration to Resident #44. The surveyor observed Resident #44 holding the medication cup to their mouth, but the resident was unable to get the pills into their mouth. LPN #1 then assisted Resident #44 with taking the medication by placing the medicine cup to Resident #44's mouth with LPN #1 holding the medication cup. LPN#1 did not perform (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hand hygiene after touching Resident #44's medication cup before she pulled medication from the cart for the next resident's medication administration. Medications observed during the administration were: a medication to treat the symptoms of Parkinson's disease and a stool softener. On 07/22/2026 at 4:37 PM, LPN #1 did not perform hand hygiene before medication administration to Resident #28. LPN #1 was observed leaving Resident #28's room, lifting the hallway trash can lid and placing the resident's medication cup and water cup in the trash. LPN #1 did not perform hand hygiene after the trash disposal and before pulling the next residents' medications from the medicine cart. The medications observed during this administration were: a stool softener, probiotic, and a pain/fever reducer medication. This surveyor noted that throughout the remainder of medication administration and preparation LPN #1 did not perform hand hygiene before or after giving medications to the remaining residents during the evening medication pass. A review of Resident #2's admission Record revealed, Resident #2 had diagnoses which included: cerebral infarction, immunodeficiency, chronic kidney disease stage-3, major depressive disorder, type-2 diabetes mellitus with neuropathy, pain, and osteoarthritis. A review of Resident #62's admission Record revealed, Resident #62 had diagnoses which included: major depressive disorder, cardiomegaly, chronic pain, neuropathy, hypertension, atrial fibrillation, and congestive heart failure. A review of Resident #64's admission Record revealed, Resident #64 had diagnoses which included: major depression, hypertension, allergic rhinitis, heart failure, bipolar disorder, pain, and panic disorder. A review of Resident # 44's admission Record revealed, Resident #44 had diagnoses which included: gout, type-2 diabetes mellitus, pulmonary fibrosis (lung disease), Parkinson's disease, pain, and hypertension. A review of Resident #28's admission Record, revealed, Resident #28 had diagnoses which included: Parkinson's disease, major depressive disorder, hypertension, nonrheumatic aortic stenosis with insufficiency (narrowing of the aortic valve), low back pain, chronic kidney disease, cardiac murmur, and weakness. During an interview on 07/22/2026 at 5:05 PM, LPN #1 stated she should have performed hand hygiene before and after entering a resident's room and by not performing hand hygiene she could have spread bacteria by touching surfaces and the residents could get sick. LPN #1 stated, I should have performed hand hygiene and especially after touching the trash can. During an interview on 07/23/2026 at 10:24 AM, the Infection Preventionist Nurse (IPN) stated, Staff should perform hand hygiene before, after, and between each resident's medication administration. She stated they can either use the hand sanitizer on the walls or on their cart. The IPN stated when hand hygiene was not performed, it could be cross contamination and bacteria spreads. The IPN stated, if staff was not performing hand hygiene, she would do an in-service, education, checkoffs and discipline if it warranted it. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/23/2026 at 11:32 AM, LPN #2 stated if hand hygiene was not performed between residents the risk of disease transfer or infection would happen. LPN #2 stated during medication pass, hand hygiene should be performed before and after medication pass as well as washing with soap and water frequently. She stated, if she saw another nurse not performing hand hygiene, she would say something to them directly then report to the IPN. During an interview on 07/23/2026 at 12:39 PM, the Director of Nursing (DON) stated A nurse should perform hand hygiene before they pop out medication and between patients, if they touched anything, and if contaminated. The DON indicated that if staff were in an isolation room, soap and water should be used. The DON stated if a nurse touched a trash can to dispose of a prior residents' medication cup and water cup, he/she should perform hand hygiene before touching anything on the medication cart. The DON stated if hand hygiene was not performed, bacteria grows everywhere and we do not want to pass on illness to anyone else. The DON stated if a nurse did not perform hand hygiene, they would in-service that staff member, monitor them, and monitor the residents that could be affected. During an interview on 07/23/2026 at 1:16 PM, the Administrator stated, Hand hygiene during medication administration should be performed between each resident, before they pop out a resident's pills, after they give it, and before they start the next residents' medications. The Administrator stated, When the nurse touched the trash lid in the hall, she should have performed hand hygiene after touching the trash can, and before touching the medication cart because the nurse could spread germs or infections. A review of a facility in-service report titled, Hand Washing dated 12/15/2025, revealed staff should wash hands before caring for someone who is sick and after touching garbage. A review of a facility in-service titled, Infection Control dated 10/23/2025, revealed staff should perform hand hygiene before and after resident contact, after glove removal and after contact with bodily fluids. Staff is to follow standard precautions for everyone and practice proper hand hygiene every time. A review of a facility policy titled, Standard Precautions Infection Control dated 2022, revealed all staff are to assume that all residents are potentially infected or colonized with an organism that be transmitted during the course of providing resident care services. All staff shall adhere to Standard Precautions to prevent the spread of infection to resident, staff, and visitors. Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub. During the delivery of resident care services, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces. Standard Precautions Infection Control Protocol component of hand hygiene practices informs, after touching blood, body fluids, secretions, excretions, contaminated items; before and after removing personal protective equipment (PPE); between resident contacts; before meals and after using the restroom.		