

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Lonoke Health and Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 Lincoln Street Lonoke, AR 72086	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>49413</p> <p>Based on interviews and record reviews the facility failed to ensure quarterly statements were provided to residents who are their own trust account representative and to properly record each transaction for one (Resident #28) sampled resident. This practice has the potential to affect 20 sampled residents.</p> <p>The findings are:</p> <p>On 07/22/2024 at 2:18 PM, Resident #28 informed the surveyor that quarterly bank statements are not provided, and the facility handles Resident #28's funds.</p> <p>On 7/24/2024 at 7:43 AM, the Administrator provided trust transaction history for dates of 4/4/2024 through 7/17/2024 which shows 4/16/2024 Cash Withdrawal (for) \$50.00 dollars The Administrator was unable to provide a receipt for the transaction.</p> <p>On 7/24/2024 at 10:30 AM, the Administrator provided receipts for Resident #28 which shows 5/31/2024 Receipt #314463 was written to Resident #28 for \$20.00. This withdrawal was not on the trust transaction history.</p> <p>On 07/24/2024 at 2:43 PM, the Director of Nursing (DON) confirmed the Business Office Manager does not keep individually acknowledged quarterly statements that were received by residents. The Business Office Manager will place resident's trust quarterly statements in the resident's room. The Business Office Manager does not require a signature from residents. Business Office Manager maintains a Verification of Trust Quarterly Statements with a statement of I attest that the above information is accurate, and that quarterly trust statements have been mailed out for this quarter.</p> <p>On 7/24/2024 at 3:10 PM, the DON provided two documents from the Administrator which showed:</p> <p>a. Administrator spoke with Business Office Manager at times Resident #28 will take money out on a Friday and for different occasions and will bring it [the money] back to put in her [Resident #28] trust, in which at this time she [Business Office Manager] states she [Business Office Manager] must have forgotten to go back and void the receipt. [Administrator] I looked through all other resident's account to make sure it was not taken from another resident on accident, and nothing was found in this amount. The trust was reconciled on 06/04/2024 in which all reconciled with no money under or over in residents trust fund cash box.</p> <p>(continued on next page)</p>

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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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Reivew of Resident #28's withdrawal dated 07/17/2024 showed Shopping for 07/17/2024 in the amount of \$51.00. This was written as a check with multiple other residents for shopping at Anita's (Named) shop for jewelry and clothing.</p> <p>On 7/25/2024 at 8:30 AM, Resident #28 could not confirm neither the documented trust transaction withdrawal on 4/16/2024 for \$50.00 nor the undocumented trust transaction for withdrawal on 5/31/2024 from facility receipt book for receipt #314463.</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>48977</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure resident's personal and medical records were protected. This failed practice had the potential to affect all 75 residents.</p> <p>The findings include:</p> <p>On 07/24/24 at 10:00 AM, the Surveyor observed an unattended laptop computer with the screen unlocked with the resident's profile. The Surveyor was able to see the resident's name, room number, date of birth, age, physician's name, allergies, code status, vital signs including weight, and orders on the screen.</p> <p>On 07/24/24 at 10:14 AM, Licensed Practical Nurse (LPN) #15 voiced the resident's name and date of birth was displayed on the screen. LPN #15 confirmed someone obtain the resident's information, such as the date of birth.</p> <p>On 07/24/24 at 2:30 PM, the Director of Nursing (DON) said nurses should make sure the medication carts are locked, computer screen are locked, and there is no medications left on top of the cart prior to walking away. DON confirmed if the computer screens are left unlocked information can be seen by other residents, family members, and staff not involved in the resident's care.</p> <p>On 07/24/24 at 03:16 PM, Resident Rights was provided and noted The Right to Privacy and Confidentiality, including the right to: To know that they are assured private and confidential treatment of all information contained in their medical records, including photographs, and that their consent, or the consent of their legal representative, is required for the release of information to persons not otherwise authorized to receive it.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</b></p> <p>Based on record review and interview, it was determined the facility failed to ensure the minimum data set (MDS) accurately reflected on section A1500 the preadmission screening and assessment resident record (PASRR) a serious mental illness and/or intellectual disability affecting 2 (Residents #4 and #44) sampled residents with a level II PASRR.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of the Medical Diagnosis revealed Resident #4 has a diagnoses of respiratory failure, schizophrenia, and psychotic disorder.               <ol style="list-style-type: none"> <li>a. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/19/2024 suggested a Brief Interview for Mental Status (BIMS) score of 15 (13-15 indicates cognitively intact).</li> <li>b. Per record review on 07/23/24 at 10:00 AM, the Admission Minimum Data Set (MDS) from 02/19/2024, section A1500 revealed resident does not have a mental health or intellectual disability, and Admission MDS with an ARD of 06/07/2016 showed Resident #4 has a level II PASRR.</li> <li>c. On 07/24/24 at 8:25 AM, LPN #14/ MDS Nurse provided a letter from State Designated Professional Associates that stated change of condition, no PASRR required, dated 06/14/2012. A letter from State Designated Professional Associates dated 01/21/15 says resident was approved for nursing home placement. Letter from State Designated Professional Associates dated 4/26/16 that said a level 1 was submitted and was considered a change of condition. No review was required at that time.</li> <li>d. On 07/24/24 at 8:35 AM, the Surveyor, MDS nurse, and Administrator reviewed the Admission MDS from 06/07/2016 showing resident was a level II, and recent Admission MDS dated [DATE] where section A1500 shows resident does not have a mental illness or intellectual disability. The administrator confirmed Resident #4 has a level II PASRR.</li> </ol> </li> <li>2. A review of Medical Diagnosis revealed Resident #44 had diagnoses of major depressive disorder, bipolar disorder, and schizophrenia. The Quarterly MDS with an ARD of 05/11/2024 suggested a BIMS score of 4 (0-7 indicates severe cognitive impairment).               <ol style="list-style-type: none"> <li>a. On 07/23/24 at 3:52 PM, during a review of the Annual MDS with an ARD of 02/09/2024, section A1500 shows 0, indicating Resident #44 does not have a serious mental health disability, or intellectual disability or related condition.</li> <li>b. On 07/24/24 at 8:05 AM, the Administrator provided a level II evaluation from the state designated authority dated 2/24/23 showing Resident #44 did not require any specialized services, and recommended a structured environment that is found at the facility.</li> </ol> </li> <li>3. During an interview on 07/24/2024 at 11:50 AM, the MDS Nurse confirmed Resident #4 and #44 had a Level II PASRR, section A1500 of the MDS was not coded correctly, it could affect the care plan, and could cause Residents #4 and #44 to not get recommended services. The MDS Nurse e MDS nurse confirmed that she uses the RAI manual to guide her in coding to the MDS.</li> </ol>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>47916</p> <p>Based on observation, record review, and interview, it was determined that the facility failed to incorporate the PASRR level II evaluation into the care plan of 2 of 2 sampled (Resident #4, and Resident #44) to ensure residents received any recommended services.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Per review of the Medical Diagnosis revealed Resident #4 has a diagnoses of respiratory failure, schizophrenia, and psychotic disorder. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/19/2024 suggested a Brief Interview for Mental Status (BIMS) score of 15 (13-15 indicates cognitively intact). <ul style="list-style-type: none"> <li>a. On 07/24/24 at 8:35 AM, during an interview the Administrator confirmed that Resident #4 has a level II PASRR.</li> <li>b. During an interview on 07/24/2024 at 11:45 AM, the MDS Nurse was asked to check the care plan and she confirmed Resident #4's Level II PASRR was not documented on the care plan, and confirmed she cannot find the level II evaluation. The MDS Nurse confirmed she is responsible for coding to the MDS, but the Business Office Manager (BOM) receives the Level II evaluation. The Surveyor asked if there was a process for making sure the MDS Nurse was notified when the facility received a level II PASRR from the state designated authority, and there was no response.</li> </ul> </li> <li>2. A review of Medical Diagnosis revealed Resident #44 major depressive disorder, bipolar, and schizophrenia. The Quarterly minimum data set (MDS) with an assessment reference date (ARD) of 05/11/2024 suggested a BIMS score of 4 (0-7 indicates severe cognitive impairment). <ul style="list-style-type: none"> <li>a. On 07/23/24 at 3:52 PM, the Surveyor checked Resident #44's care plan and did not find the PASRR level II, or recommendations implemented on the care plan.</li> <li>b. On 07/24/24 at 8:05 AM, the Administrator provided a level II evaluation from the state designated authority dated 2/24/23 that revealed Resident #44 did not require any specialized services and recommended a structured environment including Mental Health Evaluation, Master Treatment Plan, Pharmacologic Management by a Physician, and Periodic Review of the Master Treatment Plan. The MDS Nurse checked and confirmed the Level II PASRR with recommendations was not on Resident #44's care plan.</li> <li>c. During an interview on 07/24/2024 at 11:50 AM, the MDS Nurse confirmed Residents #4 and #44 had a level II PASRR, and that this not being reflected on Residents #4 and #44's care plans could have affected interventions and recommended services. The MDS confirmed she was responsible for coding to the MDS and confirmed that she uses the Resident Assessment Instrument (RAI) manual as a guide.</li> <li>d. During an interview with the Director of Nursing (DON) on 07/24/24 at 2:00 PM, the DON confirmed care plans are an important part of a resident's care, they do not have a MDS policy or procedure, and confirmed the MDS nurse is expected to follow the RAI manual.</li> </ul> </li> </ol>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47916</p> <p>Based on record review and interview, the facility failed to develop a comprehensive care plan for 2 (Resident #26 and #44) of 3 sampled residents to ensure residents received appropriate care.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. A review of medical diagnosis revealed Resident #44 had diagnoses of major depressive disorder, bipolar, and schizophrenia.               <ol style="list-style-type: none"> <li>a. The Quarterly minimum data set (MDS) with an assessment reference date (ARD) of 05/11/2024 suggested a brief interview for mental status (BIMs) score of 4 (0-7 indicates severe cognitive impairment).</li> <li>b. A review of a Physicians Order dated, 02/06/2024 Novolin R Injection Solution 100 UNIT/ML (Insulin Regular (Human) Inject subcutaneously before meals and at bedtime related to type II diabetes mellitus with hyperglycemia</li> <li>c. A review of a Physicians Order dated, 03/04/2024 Trulicity Subcutaneous Solution Pen-injector 1.5 MG/0.5 ML (Dulaglutide) Inject 1 dose subcutaneously one time a day every Monday related to type II diabetes mellitus with hyperglycemia. Leave needle inserted for 5 to 10 seconds until hear 2nd click.</li> <li>d. During an interview with the Minimum Data Set (MDS) Nurse on 07/24/2024 at 1:13 PM, the Surveyor asked the MDS Nurse to find insulin or diabetic care on resident's care plan. The MDS Nurse checked Resident #44's medical records and confirmed diabetes and insulin were not care planned, and it is important because it is a serious illness, and staff needs to know what to look for. MDS Nurse told the surveyor she is solely responsible for care plans.</li> <li>e. On 07/24/2024 at 1:30 PM, the Director of Nursing (DON) was asked if a resident is a diabetic and takes insulin should staff include diabetes on their care plan. The DON said yes because it is part of their care and should be care planned, and DON confirmed the facility does not have a MDS or care plan policy, and staff should follow the RAI manual for care planning.</li> </ol> </li> <li>2. A review of medical diagnosis for Resident #26 reveals diagnoses of stroke, metabolic encephalopathy, and anxiety.               <ol style="list-style-type: none"> <li>a. The significant change MDS with an ARD of 06/18/2024 indicated a BIMs score of 00 (0-7 suggest severe cognitive impairment). Section O0110 showed resident is on oxygen.</li> <li>a. A review of the Order Summary revealed Oxygen at 2 liters via nasal cannula as needed for shortness of breath.</li> <li>b. On 07/22/2024 at 12:11 PM, Resident #26 was observed on 3 liters of oxygen. The Surveyor was unable to find oxygen on Resident #26's care plan.</li> </ol> </li> </ol> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. On 07/23/2024 at 12:06 PM, the Surveyor asked Licensed Practical Nurse (LPN) #17 for assistance findings oxygen on Resident #26's care plan and was referred to the closet care plan. LPN #11 said nursing tells each other about residents. After multiple requests for LPN #17 and LPN #11 to assist in pulling up Residents #26's care plan, LPN #18 demonstrated to staff where to find care plans, and told the Surveyor that oxygen is not listed on the care plan, and that is where she goes to find plans of care, and interventions.</p> <p>d. On 07/24/2024 at 01:40 PM, the Assistant Director of Nursing (ADON) provided an in-service book revealing All staff are to look/follow a residents closet care plan before providing care.</p> <p>e. During an interview with the Director of Nursing (DON) on 07/24/2024 at 02:00 PM, the DON confirmed that closet care plans are geared towards CNAs, and not nursing, and nurses are expected to use the computer for care plans and interventions.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47916</p> <p>Based on observation, record review and interview, it was determined the facility failed to properly lift and lower residents with the legs open on a mechanical lift for 1 (Resident #28).</p> <p>The findings are:</p> <p>1. Record review of Medical Diagnosis for Resident #28 revealed diagnoses of polyneuropathy, heart failure, and major depression disorder.</p> <p>a. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/18/2024 suggested a Brief Interview for Mental Status score of 14 (13-14 indicates cognitively intact). Section GG0110 does not indicate resident requires a mechanical lift, and the Quarterly MDS with an ARD of 07/19/2024 is not complete.</p> <p>b. A review of Care Plan for Resident #28 indicated, .Resident #28 has an ADL self-care performance deficit related to unsteadiness on feet (Revised, 05/06/2024) . TRANSFER: The resident requires Mechanical Lift . with 2 staff assistance for transfers .</p> <p>c. On 07/22/2024 at 12:31 PM, Resident #28 was observed resting in a lift pad hovering above the bed in a mechanical lift with the lift's legs in the closed position. Certified Nursing Assistant (CNA #16 confirmed the legs of the mechanical lift would go in the open position under Resident #28's bed. CNA #16 was asked if it is standard practice to open the legs before lifting or lowering residents and CNA #8 confirmed the legs of the mechanical lift should be in the open position to balance the lift out when raising or lowering a resident in the mechanical lift.</p> <p>d. On 07/24/2024 at 2:00 PM, DON told the Surveyor they do not have a mechanical lift policy or procedure. They use the (Named) manual.</p> <p>e. Per record review of the mechanical lift guide provided by the DON on 07/24/24 at 02:10 PM, [Named] manual revealed .Lifting the patient WARNING When using an adjustable base lift, the legs MUST be in the maximum Open/Locked position before lifting the patient .[named] does not recommend the locking of rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistance. [Named] does recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed, or any stationary object .</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48977</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure that 2 (Resident #14 and #17) sampled resident received peri care in a manner that was sanitary to promote good hygiene and/or prevent infection.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. A review of Medical Diagnosis revealed Resident #17 had a diagnosis of dehydration and Methicillin Resistant Staphylococcus Aureus Infection. <ol style="list-style-type: none"> <li>a. A review of Resident #17's Care Plan (revision date 03/30/2023) revealed the resident had bowel and bladder incontinence related (r/t) immobility.</li> <li>b. A review of Annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 02/24/2024 revealed Resident #17 scored 15 indicating cognitive intact and Resident frequently had urinary incontinence and always incontinence of bowel.</li> <li>c. On 07/23/2024 at 1:05 PM, the Surveyor observed Certified Nursing Assistant (CNA) #1 and #2 did not use proper technique while providing perineal care to Resident #17 and did not use supplies in the correct manner to promote cleanliness.</li> <li>d. On 07/23/2024 at 1:50 PM, CNA #2 voiced she did not know if she cleaned Resident #17 correctly.</li> </ol> </li> <li>2. A review of Medical Diagnosis revealed that Resident #14 had a diagnosis of urinary tract infection (UTI). <ol style="list-style-type: none"> <li>a. A review of Resident #14's Care Plan (initiate date 01/19/2024) revealed that Resident #14 had bowel and bladder incontinence related to immobility.</li> <li>b. A review of Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 07/05/2024 revealed Resident #14 scored 08 indicating severe cognitive impairment and Resident #14 was always incontinence of bowel and bladder.</li> <li>c. On 07/23/2024 at 1:29 PM, the Surveyor observed CNA #1 did not use proper technique while providing perineal care to Resident #14 and did not use enough supplies to promote cleanliness.</li> <li>d. On 07/23/2024 at 1:45 PM, CNA #1 confirmed that proper technique was not used while providing incontinence care to Resident #14</li> <li>e. On 07/24/2024 at 1:30 PM, the Director of Nursing confirmed that the techniques used to provide perineal care to Residents #14 and #17 did not align with the training provided.</li> </ol> </li> </ol>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>48977</p> <p>Based on observations, interviews and record reviews, the facility failed to implement interventions put in place to prevent weight loss.</p> <p>The findings include:</p> <p>A review of physician's orders for Resident #14 revealed an order for thickened vegetable juice, creamed soup, and fortified potatoes with lunch and dinner.</p> <p>A review of Resident #14 Care Plan (initiate date 11/02/2023) revealed that Resident#14 had an unplanned/unexpected weight loss related to acute illness and diuretic use. Resident #14 (revision on: 03/28/2024) had nutritional problem or potential nutritional problem related to acute illness.</p> <p>A review of nutrition assessment (completed date 07/10/2024) noted Resident #14 was to have the following supplements: creamed soup, vegetable juice, boost and fortified potatoes.</p> <p>A review of Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 07/05/2024 revealed Resident #14 scored 08 indicating severe cognitive impairment and Resident #14 was a loss of 5% or more in the last month or loss of 10% or more in last 6 months not on physician-prescribed weight-loss regimen.</p> <p>On 07/22/24 at 01:21 PM, the Surveyor observed Resident #14 lying in bed eating lunch and noted that the resident had a puree meal. The Survey did not note a shake or soup on the resident's meal tray despite those items being noted on the meal slip.</p> <p>On 07/22/24 at 01:28 PM, Certified Nursing Assist #1 voiced Resident #14 did not have soup and shake, because the resident did not like or consume the soup or shake.</p> <p>On 07/23/24 at 12:55 PM, the Surveyor observed Social Services assisting with the passing of meal trays. The Surveyor observed Social Service look at the meal card and send a staff member to the kitchen to retrieve items missing from Resident #14 meal tray.</p> <p>On 07/23/24 at 12:58 PM, Social Serviced confirmed whatever is on the card should be on the resident's tray. Social Services confirmed the items on the meal card were interventions for weight loss and if the items are not on the meal tray it does not help the resident with weight loss. Social Services voiced if the resident does not like a soup severed another soup should be retrieved or a different intervention should be put in place to prevent further weight loss.</p> <p>On 07/24/24 at 02:30 PM, the Director of Nursing (DON) confirmed the purpose of the notes section on the meal slip was for list of supplements usually for interventions put in place due to weight loss and should be on the resident's meal tray. The DON confirmed if those items are not on the tray it could have a negative impact on the resident's weight.</p>		

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NAME OF PROVIDER OR SUPPLIER  Lonoke Health and Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 Lincoln Street Lonoke, AR 72086	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47916</p> <p>Based on observation, record review and interview, it was determined that the facility failed to ensure oxygen was administered at the physician ordered rate for 2 (Resident #26 and #50) residents to prevent respiratory complications.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. A review of Medical Diagnosis for Resident #26 reveals diagnoses of stroke, metabolic encephalopathy, and anxiety. <ol style="list-style-type: none"> <li>a. The significant Minimum Data Set (MDS) with an assessment reference (ARD) date of 06/18/2024 with a brief interview for mental status (BIMS) score of 00 (0-7 suggest severe cognitive impairment). Section O0110 showed resident is on oxygen.</li> <li>b. A review of the Order Summary reveals .dated, 06/28/2024 Oxygen at 2 liters via nasal cannula as needed for shortness of breath.</li> <li>c. On 07/22/2024 at 12:11 PM, Resident #26 was observed on 3 liters of oxygen.</li> <li>d. On 07/22/2024 at 2:45 PM, Resident #26 observed resting quietly on 3 liters nasal cannula.</li> <li>e. On 07/23/2024 at 11:48 AM, the Surveyor observed oxygen concentrator was set on 3 liters.</li> <li>f. On 07/23/2024 at 11:54 AM, Licensed Practical Nurse (LPN) #17 accompanied the Surveyor to Resident #26's room and confirmed the concentrator was set on 3 liters of oxygen. LPN #17 pulled up Resident #26's orders and confirmed Resident #26 should be on 2 liters of oxygen, and confirmed being on the incorrect dosage could interfere with a resident's breathing. LPN #17 said that nursing is responsible for checking the oxygen concentrators.</li> <li>g. During an interview with the Director of Nursing (DON) on 07/24/2024 at 2:00 PM, the DON revealed they do not have an oxygen policy that addresses oxygen rate, and signage. DON confirmed that nursing staff are responsible for checking resident orders, and oxygen concentrators when in a resident's room, and all staff are expected to watch for oxygen signage.</li> </ol> </li> <li>2. A review of Resident #50's physician orders showed oxygen at 2 liters via nasal cannula as needed every shift. <ol style="list-style-type: none"> <li>a. A review of Resident #50's Care Plan with a revision date of 07/17/2024, noted Resident #50 was receiving oxygen therapy related to respiratory illness</li> <li>b. An admission MDS with the ARD of 06/12/2024 noted Resident #50 scored 02 on the BIMS, indicating severe cognitive impairment and was receiving oxygen therapy.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. On 07/22/2024 at 12:03 PM, the Surveyor observed Resident #50 lying in bed receiving oxygen therapy via nasal cannula per concentrator at 3 liters. The Surveyor did not note any signage at or around the door indicating oxygen in use.</p> <p>d. On 07/23/2024 at 12:33 PM, the Surveyor observed Resident #50 sitting in wheelchair in room receiving oxygen therapy via nasal cannula per concentrator at 3 liters. The Surveyor did not note any signage at or around the door indicating oxygen in use.</p> <p>e. On 07/23/2024 at 2:10 PM, the Surveyor observed Resident #50 sitting in wheelchair in room receiving oxygen therapy via nasal cannula per concentrator at 3 liters. The Surveyor did not note any signage at or around the door indicating oxygen in use.</p> <p>f. On 07/23/2024 at 2:15 PM, Licensed Practical Nurse #11 confirmed Resident #50 was receiving oxygen at 3 liter, order was for 2 liters and there was no signage posted.</p> <p>48977</p> <p>49413</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48977</p> <p>Based on record review and interviews, the facility failed ensure the system used for records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation was implemented for one (Resident #33) sampled resident.</p> <p>The findings include:</p> <p>A review of diagnosis Resident #33 had a diagnosis of chronic pain.</p> <p>A review of the physician's orders Resident #33 had an order for Hydrocodone-Acetaminophen 10-325 milligram (MG) an opioid used to manage pain.</p> <p>A review of Resident #33's Care Plan (revision date 11/23/2020) revealed Resident #33 had a diagnosis of chronic pain, and behaviors were potentially present when the resident has a higher level of pain.</p> <p>A review of an annual Minimum Data Set (MDS) with the Assessment Reference Date (ARD) 05/18/2024 revealed Resident #33 scored 11 on Brief Interview of Mental Status (BIMS) indicating moderately impaired cognition, and Resident #33 was taking a medication classified as an opioid.</p> <p>On 07/23/24 at 10:06 AM, the Surveyor completed a random reconciliation of controlled medications with Licensed Practical Nurse (LPN) #11 and noted 50% of Resident #33's Hydrocodone/Acetaminophen 10/325 milligram (MG) the controlled medication legend noted 11 pills on hand, but the actual number of pills on hand was 10.</p> <p>On 07/23/24 at 10:06 AM, LPN #11 voiced another nurse had given Resident #33's hydrocodone and had not signed it out and may have expected her to do so.</p> <p>On 07/23/24 at 12:18 PM, LPN #11 confirmed the controlled medication log should accurately reflect the medication on hand and it was not accurate when the reconciliation was completed with the Surveyor. LPN #11 confirmed that potential negative outcome if the controlled medication log does not match what is on hand could have an impact on the resident if the nurse did not give the medication and a nurse could take the medication.</p> <p>On 07/24/24 at 2:30 PM, the Director of Nursing (DON) confirmed the controlled medication log was not accurate.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure meals were prepared and served according to the planned written quantified recipe and menu to meet the nutritional needs of the residents for 2 of 2 meals observed. This failed practice had the potential to affect 10 residents who received pureed diets and 17 residents who received enhanced food diets from 1 of 1 kitchen according to a list provided by the Dietary Manager on 07/23/2024 at 1:33 pm. The findings are:</p> <ol style="list-style-type: none"> <li>1. The menu for lunch documented the residents who received pureed diets were to receive 1 #8 scoops (1/2 cup) of vegetable blend, #16 scoop (1/4 cup) of pureed bread, #8 scoop (1/2 cup) of pureed cake, #8 scoop (1/2 cup) of strawberry topping.</li> <li>2. The menu for breakfast 07/23/2024 documented that residents who received pureed diets were to receive pureed purred hot cereal, #16 scoop (1/4 cup) of pureed biscuit/toast.</li> <li>3. On 07/22/2024, the facility recipe for angel food cake puree documented for 10 residents: use 10 squares 2/3 inches, 1.25 cup 2% milk, 2 tablespoons and 1.5 teaspoons of food thickener. Note states: amount of thickener required may vary relative to liquid content of cooked product. For best results, alternate adding thickener with processing, checking product consistency periodically. A) On 7.22.2024 at 11:18 AM Dietary [NAME] #3 placed 13 pieces of angel food cake into blender. Dietary [NAME] #3 added half and half to the angel food cake in blender, without measuring half and half. Recipe calls for 1.25 cup of 2 milk and 2 tablespoons + 1.5 teaspoons of thickener. When asked the size of each piece of cake, she stated, They are an inch. The menu specified pieces of cake to be 2/3 inches. B) Dietary cook #3 used #16 scoop (1/4 cup) to add 6 servings of strawberry topping onto of puree instead of 1/4 cup of strawberry topping each as specified on the menu. At 1:05 PM Surveyor asked Dietary [NAME] #3 what size was cake she said, like 1 inch. When asked what scoop was used for mechanical soft meat she stated, number 16. When asked how many servings she gave to each resident she stated 1. When shown menu and asked why strawberries were not given to the resident she stated, I did not look at menu, I did not know they were supposed to have 1/2 cup of strawberry topping.</li> <li>4. On 07/22/24 at 11:53 AM, Dietary [NAME] #3 used #10 to place 6 servings of vegetable blend with plenty of juice into blender, added two cups of tap water, added 1/4 cup of thickener, pureed. Added another 1/4 cup of thickener and pureed. At 11:55 AM, she added another 1/4 cup of thickener and pureed. She poured purred into pan and placed into oven. The consistency of purred vegetable was lumpy with pieces of thickener that were not fully blended in and were visible in mixture. Vegetable puree was too runny and not formed according to dietary staff when asked by surveyor.</li> <li>5. On 07/22/2024 at 12:17 PM, a pan of mashed potatoes was observed on steam table. The surveyor asked Dietary [NAME] (DC) #3 how the mashed potatoes were prepared, she stated they were fortified, super potatoes. The surveyor asked how were the mashed potatoes prepared, she stated I sprinkled half and half, about half a cup of butter. When asked how much she would consider a sprinkle to be , she stated, I don't use a recipe. The facility recipe for enhanced mashed potatoes documented: potato pearls 1 lb-6 oz, whole milk (heated) 9-1/4 cups, margarine, or corn oil 12 tablespoons, salt 1 teaspoon, sour cream 1-1/2 cup. Nutrient data documented 232 calories. a. All 17 residents who required enhanced food diet were served incomplete enhanced mashed potatoes.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. The facility menu for lunch meal documented for residents on puree diet were to receive: #8 scoop (1/2 cup) of pureed hashbrown. On 07/22/24 at 1:03 PM the residents on puree diet did not receive pureed hashbrown for lunch, as specified on menu. On 07/22/24 at 1:05 PM, Surveyor asked Dietary [NAME] #3 cook why the residents on the puree diet did not receive the hashbrown casserole, she stated Probably because I forgot to puree it.</p> <p>7. On 07/23/2024, the menu provided by the facility specified for the lunch meal residents on puree diet were to receive: #16 scoop (1/4 cup) of pureed bread. On 07/22/24 at 1:03 PM, the residents on puree diets did not receive pureed bread for lunch, as specified on menu. 07/22/24 at 1:05 PM Surveyor asked Dietary [NAME] #3 cook why no bread was purred for the residents on a puree diet she stated, I did not know I was supposed to puree regular bread, I thought I was only supposed to puree garlic bread and cornbread.</p> <p>8. On 07/23/2024 the menu for the breakfast meal provided by the facility specified residents on puree diet were to receive: #8 scoop (1/2) cup of pureed hot cereal. a. 07/23/24 7:43 AM, the residents on the puree diet were served regular oatmeal instead of pureed. b. Production recipe for cereal fortified oatmeal provided by Dietary Supervisor at 1:33 PM documented under ingredients for 20 portions: water 3.75 cup, nonfat dry milk 1.5 cup 1 tablespoon, evaporated milk 1/4 cup 2 tablespoons. Mix water nonfat dry milk and evaporated milk, bring to a boil. Add dry oatmeal cereal 1.25 quart. Pour in oatmeal and cook until done. Add margarine bulk 9.25 ounce, light brown sugar 3/4 cup, granulated sugar 3/4 cup, evaporated milk 3/4 cup. Stir until creamy.</p> <p>9. On 07/23/2024 the menu provided by the facility specified for the breakfast meal residents on puree diets were to receive: #16 scoop (1/4 cup) of pureed biscuit or toast. On 07/23/24 7:43 AM, the residents on pureed diets were not served bread. On 07/23/24 at 07:52 AM, Dietary [NAME] #10 was asked if the residents on puree diets were supposed to get bread, she stated No, they get biscuits and gravy, but we did not have biscuits this morning. They are not supposed to get bread. When asked what was served to the residents on puree diet this morning for breakfast, she stated, They only have puree oatmeal, puree egg, and puree sausage.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure meals were served in a method that maintained the nutritive value and flavor that were acceptable to the residents to improve palatability and encourage good nutritional intake during 1 of 1 meal observed. This failed practice had the potential to affect 9 residents who receive pureed meal trays from 1 of 1 kitchen.</p> <p>The findings are:</p> <p>1. On 07/22/2024 the facility recipe for angel food cake puree documented for 10 residents: use 10 squares 2/3 inches, 1.25 cup 2% milk, 2 tablespoons and 1.5 teaspoons of food thickener. Note states: amount of thickener required may vary relative to liquid content of cooked product. For best results, alternate adding thickener with processing, checking product consistency periodically.</p> <p>A) On 7/22/2024 at 11:18 AM, Dietary [NAME] #3 placed 13 pieces of angel food cake into blender. Dietary [NAME] #3 added half and half to the angel food cake in blender, without measuring half and half. Recipe calls for 1.25 cup of 2 milk and 2 tablespoons + 1.5 teaspoons of thickener. When asked the size of each piece of cake, she stated, They are an inch. The menu specified pieces of cake to be 2/3 inches.</p> <p>B) Dietary [NAME] #3 used #16 scoop (1/4 cup) to add 6 servings of strawberry topping onto of puree instead of 1/4 cup of strawberry topping each as specified on the menu. At 1:05 PM, Surveyor asked Dietary [NAME] #3 what size was cake she said, like 1 inch. When asked what scoop was used for mechanical soft meat she stated, number 16. When asked how many servings she gave to each resident she stated 1. When shown menu and asked why strawberries were not given to the resident she stated, I did not look at menu, I did not know they were supposed to have 1/2 cup of strawberry topping.</p> <p>2. On 07/22/2024, review of the facility's quantified recipe for vegetable blend for 10 residents on puree diet documented: 10.5 cup of prepared vegetable blend. 3 tablespoons + 1 teaspoons of thickener. Process adding 1 teaspoon of thickener per serving. Note states: amount of thickener required may vary relative to liquid content of cooked product. For best results, alternate adding thickener with processing, checking product consistency periodically.</p> <p>On 07/22/24 at 11:53 AM Dietary [NAME] #3 used #10 to place 6 servings of vegetable blend with plenty of juice into blender, added two cups of tap water, added 1/4 cup of thickener, pureed. Added another 1/4 cup of thickener and pureed. At 11:55 AM, she added another 1/4 cup of thickener and pureed. She poured purred into pan and placed into oven. The consistency of purred vegetable was lumpy with pieces of thickener that were not fully blended in and were visible in mixture. Vegetable puree was runny and not formed.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/23/24 at 9:23 AM, the surveyor asked Dietary [NAME] #3 why the pureed vegetable was thin, she said, Maybe because I used too much broth. I used two cups of water. When asked if water covered the vegetables she said, yes. The surveyor asked how much thickener was used in the pureed vegetable, she said, 1/4 cup, three times. Surveyor asked how does food taste when you add too much thickener, she said, It would probably taste like thickener. Surveyor asked did you look at the recipe, she said, I did not, I never use recipes. Surveyor asked how many servings of vegetables did you use, she said six. Surveyor asked Dietary [NAME] #3 what is the reason you should not add extra liquid when pureeing vegetables, she said, Because it will be too thin.</p> <p>On 07/23/24 at 9:37 AM, Surveyor asked Dietary Supervisor why should extra liquid not be used when pureeing vegetable, she said Because it will make it too thin. Surveyor asked Dietary Supervisor what happens when too much thickener is used in food, she said It will alter taste and it may not come out the right constancy and someone could choke.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>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 9 residents who received pureed diet.</p> <p>The findings are:</p> <p>The following observations were made during lunch and breakfast meal services.</p> <ol style="list-style-type: none"> <li>On 07/22/24 at 11:18 AM, Dietary [NAME] #3 placed 13 small pieces of cake (1 inch each) and added 6 spoons of strawberries, 1/2 cup of thickener and pureed. At 11:20 AM, another 1/2 cup of thickener was added and pureed. At 11:22 AM, Dietary [NAME] #3 used number 10 scoop to scoop pureed desert into 11 bowls. The consistency of pureed desert was thick with pieces of strawberries throughout.</li> <li>On 07/22/24 at 11:53 AM, Dietary [NAME] #3 used #10 to place 6 servings of vegetable blend with plenty of juice into blender, added two cups of tap water, added 1/4 cup of thickener, pureed. Added another 1/4 cup of thickener and pureed. At 11:55 AM, she added another 1/4 cup of thickener and pureed. Poured pureed into pan and placed into oven. The consistency of pureed vegetable was lumpy with pieces of thickener that were not fully blended in and were visible in mixture. Vegetable puree was too runny and not formed according to dietary staff when asked by surveyor.</li> <li>On 07/22/24 at 1:05 PM, Surveyor asked Dietary Manger and Dietary [NAME] #3 to describe puree food served to residents for lunch, both stated Pureed meat was thick and lumpy. Not smooth.</li> <li>On 07/22/24 at 1:05 PM, the strawberry angel food cake desert was Too thick and has strawberry pieces in it.</li> <li>On 07/22/24 at 1:28 PM, the Surveyor observed Certified Nursing Assistant (CNA) #1 exiting the resident upon entering the resident the Surveyor observed that cake was a different consistency. CNA #1 voiced that she mashed the dessert up with the strawberries.</li> <li>On 07/22/24 at 1:34 PM, the Surveyor asked CNA #2 who set up the resident's tray? CNA #2 voiced she set up the resident's tray. The Surveyor asked CNA #2 did you notice the resident's dessert was not pureed? CNA #2 voiced she did not notice the dessert was not puree. The Surveyor asked what is the consistency of the cake? CNA #2 voiced the dessert looks smashed. The Surveyor asked CNA #2 does the dessert look pureed? CNA #2 voiced it did not look pureed. The Surveyor asked CNA#2 why is it important to ensure that what the residents are served matched the meal order? CNA #2 said so they don't get choked.</li> <li>The following observations were made during the breakfast meal service: On 07/23/24 at 7:43 AM, during the breakfast meal in the dinner room the following foods were observed being served to the residents on puree diet:</li> </ol> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. puree oatmeal. The consistency of oatmeal was lumpy and runny and not smooth.</p> <p>b. puree sausage. The consistency of the sausage was lumpy and was not smooth and was runny. On 07/23/24 7:45 AM, the surveyor asked CNA #3, who was assisting residents with their meal in the dining room to describe the consistency of the oatmeal served to the residents. She stated, lumpy.</p> <p>8. On 07/23/24 at 7:46 AM. the surveyor asked CNA#8, who was assisting residents with their meal in the dining room, to describe the consistency of the oatmeal served to the residents. She stated, lumpy.</p> <p>9. On 07/23/24 at 7:48 AM, Dietary [NAME] #10 was asked how she prepared oatmeal. She stated, I used two tablespoons of butter, two tablespoons of half and half and a half a bag of brown sugar.</p> <p>10. On 07/23/24 at 7:56 AM. the surveyor asked Dietary Aid #4, Dietary Aid #7, and Dietary [NAME] #10 to describe the consistency of oatmeal served to the residents on puree diet and they stated, lumpy and loose. When asked to describe the consistency of the sausage served to the residents on the puree diet they stated, It is lumpy and runny. When asked why residents are on a puree diet they stated, Because they cannot chew or swallow regular food.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Lonoke Health and Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 Lincoln Street Lonoke, AR 72086	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 03508</p> <p>Based on observation, record review and interview, the facility failed to ensure dirty trash cans were stored away from the food storage racks to prevent potential cross contamination, to ensure the ice machine and ice scoop were maintained in 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, that expired food items foods were promptly removed from stock 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, and 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 71 residents who received meals from the kitchen.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 9:48 AM, an open trash can that contained trash with no lid was leaning against a spice rack.</li> <li>2. On [DATE] at 10:06 AM, an ice scoop was observed affixed to a wall with ice scoop laying inside. The surveyor asked the Dietary Manager to wipe the ice scoop and ice scoop holder with a white napkin. When wiped the ice scoop and ice scoop holder yielded orangish residue that easily transferred to the napkin. The surveyor asked the Dietary Manager how staff clean the ice machine and who uses the ice from the ice machine. Dietary Manager stated, Monday or Tuesday of every week. We use it to fill the beverages for the residents at mealtimes. Surveyor asked Dietary Manager to describe the residue on the napkin, she stated It's an orangish matter.</li> <li>3. On [DATE] at 10:07 AM, the following observations were made on a shelf in the 2- door freezer:             <ol style="list-style-type: none"> <li>a. An open of biscuits with no open date.</li> <li>b. An open box of cream cheesecake, the box was not covered.</li> </ol> </li> <li>4. On [DATE] at 10:09 AM, an open bottle of half and half was on the food preparation counter. The manufacturer specification on box documented to refrigerate after opening.</li> <li>5. On [DATE] at 10:29 AM, an open bag of sweet rolls was on the bread rack without an open date.</li> <li>6. On [DATE] at 10:31 AM, the following observations were made on shelf of walk-in refrigerator with no open date:             <ol style="list-style-type: none"> <li>a. container of cucumber onion salad with no received by date.</li> <li>b. bag of shredded salad with no open date.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Lonoke Health and Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 Lincoln Street Lonoke, AR 72086	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. container of enchilada sauce with no open date.</p> <p>d. container of BBQ sauce with no open date.</p> <p>e. An uncovered and unsealed box of sausage.</p> <p>7. [DATE] 10:36 AM, the following observations were made on the freezer:</p> <p>a. box of hamburger patties was uncovered, partially sealed, with no open date.</p> <p>b. open box of stake fingers with no open date.</p> <p>c. box of cookie dough with no open date.</p> <p>d. box of chicken strips with no open date.</p> <p>e open box of garlic with no open date.</p> <p>8. On [DATE] 10:38 AM, the following observations were made on a shelf below the food preparation counter:</p> <p>a. gallon of Worcestershire sauce with no open date.</p> <p>b. gallon of Teriyaki sauce with no open date.</p> <p>c. bottle of grill and griddle spray with expiration of [DATE].</p> <p>9. On [DATE] 10:44 AM, an open bottle of salt uncovered was observed on the spice rack.</p> <p>10. On [DATE] 10:49 AM, the right-side panel of the ice machine had white, orange residue that dripped down halfway to the ice. The surveyor asked Dietary Supervisor to wipe the area, and a white and orange residue easily transferred to tissue. The Dietary Supervisor stated the machine gets cleaned Monday or Tuesday of every week. The Dietary Supervisor stated the CNAs use the ice in machine for resident's room water pitchers.</p> <p>11. [DATE] 10:52 AM, the following observations were made in the storage room:</p> <p>a. A Bag of corn chips were on a rack with an expiration date of [DATE].</p> <p>b. Two of two bags of lime gelatin were on rack with no received date.</p> <p>c. Two of two bags of mushrooms were on rack with no received date.</p> <p>12. [DATE] 11:09 AM, the following observations were made on spice rack:</p> <p>a. container of ground Basil with expiration date of [DATE].</p> <p>b. container of white pepper [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. container of Mediterranean style ground oregano with expiration date of [DATE].</p> <p>d. container of nut [NAME] with expiration date of [DATE].</p> <p>e. container of dill of expiration date of [DATE].</p> <p>f. open container of chicken and beef base with no open date.</p> <p>13. On [DATE] at 11:19 AM, Dietary Aid #5 went to walk-in refrigerator and grabbed two tomatoes, a bag of shredded cheese, boiled egg, and a bag of lettuce and placed it all on top of the food preparation area. She picked up a pan and placed it on the counter, with fingers inside of pan. She placed gloves on hand and emptied lettuce into the pan. Without changing gloves or washing hands, she picked up tomatoes, without washing tomatoes first she sliced and placed the tomatoes on top of shredded lettuce. Dietary aid used same gloved hands to slice boiled egg to place on top of shredded lettuce and tomatoes. She opened bag of shredded cheese with same contaminated gloved hands and placed shredded cheese on shredded lettuce, tomato, and boiled egg. At 11:26 AM, Dietary Aid #5 removed gloves and threw them away. Without washing hands, she placed new gloves on her hands and tossed salad mixture. The surveyor immediately asked dietary aid what she should have done when moving between food items and before handling clean food items, she stated Wash my hands.</p> <p>14. On [DATE] at 11:37 AM, Dietary Aid #7 picked up two cartons of half and half and placed on food preparation counter, then picked up lid that fell on floor and threw lid away. Without washing her hands, she picked up clean glasses by rims and poured supplement chocolate shake into cups and served to residents who received supplement as part of diet. Surveyor asked what you should have done after picking up milk cartons and after picking up things from floor, she stated I should have washed my hands.</p> <p>15. On [DATE] at 12:07 PM, Dietary Aid #6 pushed cart that contained glasses of beverages out of refrigerator. He pushed cart by cabinet close to the steam table. Without washing hands, he picked up glasses by their rims and placed them on the cart to be used to serve residents. The surveyor asked Dietary Aid #6 what he should have done after handling dirty objects and before touching clean objects, he stated Wash my hands.</p> <p>16. On [DATE], a milk grate that contained 41 containers of buttermilk was taken out of the milk refrigerator by the Dietary Manager on [DATE]. She sated They do not use buttermilk for residents, it's used to make cornbread.</p> <p>17. On [DATE], the facility policy titled Hand Washing provided by Dietary Supervisor Misty [NAME] at 1:33 PM documented: staff will wash hands to clean hands and exposed portions of their hands to removed contamination after; eating or drinking, handling soiled utensils or equipment, during food preparation, before donning gloves for working with food, after engaging in other activities that contaminate the hands.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47916</p> <p>48977</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure staff used proper hand hygiene while providing peri care to 1 (Resident #17) sampled resident. The facility failed to provide hand hygiene during meal service to prevent cross contamination for 3 sampled (Residents #16, #24, #66).</p> <p>The findings include:</p> <p>A review of medical diagnosis revealed Resident #17 had diagnoses of dehydration and methicillin resistant staphylococcus aureus infection.</p> <p>A review of Resident #17's Care Plan (revision date 03/30/2023) revealed bowel and bladder incontinence related to immobility.</p> <p>A review of the Annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 02/24/2024 revealed Resident #17 scored 15 on a Brief Interview for Mental Status (BIMS) indicating cognitively intact and that Resident #17 frequently had urinary incontinence and always incontinence of bowel.</p> <p>On 07/23/24 at 01:05 PM, the Surveyor observed Certified Nursing Assistant (CNA) #2 did not use proper hand hygiene while providing perineal care to Resident #17 and contaminated furniture and reusable items.</p> <p>On 07/23/24 at 01:50 PM, CNA #2 confirmed proper hand hygiene was not used while providing perineal care and that items were potentially contaminated.</p> <p>On 07/24/24 at 01:30 PM, the Director of Nursing confirmed the techniques used to provide perineal care did not reflect proper hand hygiene and potentially contaminated reusable items.</p> <p>During observation of meal service on 07/24/24 at 07:10 AM, CNA #8 was observed walking into the dining area, and assisting Resident #66 to sit up straight, and was observed scratching their right ear, and resting both hands against her back while awaiting a food tray, then proceeded to provide meal set up touching napkins, plates, and the handles of silverware without performing hand hygiene for Residents #16, #24, and #66.</p> <p>On 07/24/2024 at 7:15 AM, CNA #21 was observed with his arms crossed while scratching both arms and placing his left thumb in his pocket while standing at the kitchen window waiting on a food tray. He then provided meal set up touching the napkin, plates, and silverware without performing hand hygiene.</p> <p>On 07/24/2024 at 7:20 AM, the Surveyor asked CNA #8 the procedure for hand hygiene during meal service. CNA #8 confirmed the concern was cross contamination, and confirmed she should have sanitized her hands between residents, and after touching her back and ear.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/24/2024 at 7:24 AM, during an interview with CNA #21 the Surveyor asked what should staff do after scratching their skin or touching the uniform during meal service. CNA #21 confirmed it caused a risk of cross contamination.</p> <p>During an interview with DON on 07/24/24 at 2:00 PM, the DON stated that staff are expected to wash their hands during meal service, and after touching themselves or the uniform to prevent cross contamination.</p>