

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2026
NAME OF PROVIDER OR SUPPLIER  Dardanelle Nursing and Rehabilitation Center,inc		STREET ADDRESS, CITY, STATE, ZIP CODE  2199 State Hwy 7 North Dardanelle, AR 72834	

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>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on interview, record review and facility document review, the facility failed to ensure the high temperature dishwashing machine reached the required temperature to prevent potential contamination of dishware and the facility failed to ensure that sanitizing solution was present in the three-compartment manual sink, to effectively clean and sanitize dishware and kitchen equipment. This failed practice had the potential to affect 80 residents residing in the facility who ate from dishware provided by the facility kitchen.</p> <p>The findings include:</p> <p>During an interview on 04/01/2026 at 10:55 AM, the Dietary Manager (DM) stated the staff did not have a means of testing the parts per million (PPM) of the sanitizing solution in the three-compartment sink because a staff member had dropped the test strips in water on Monday, 03/30/2025, around 8:30 AM. The DM stated the facility had not had the appropriate test strips to test for the appropriate PPM of sanitizer since 03/30/2025. The DM stated they had borrowed a different type of test strip from a sister facility, but they were bleach test strips and not for the sanitizing solution they used at the facility. The DM stated the bleach test strips do not change color in the chemicals used at the facility and stated they only stayed white. The DM stated it was important to make sure the sanitizer was correct, to know the dishes were being sanitized and cleaned. The DM stated there was no way to know if the sanitizer in the three-compartment sink was correct without the proper test strips.</p> <p>During an interview on 04/01/2026 at 11:05 AM, Dishwasher (DW) #1 stated they had worked at the facility for two months. DW #1 stated they were trained on how to take the temperatures in the dishwasher and on how to use the test strips to test the sanitizer in the three-compartment sink. DW #1 stated they had not checked the PPM in the three-compartment sink on the morning of 04/01/2026 because they did not have the correct test strips. DW #1 stated they had done something they should not have done and had just written down what the PPM was supposed to be because they did not have the test strips. DW #1 stated the PPM should be between 200 &amp;ndash; 400 PPM to sanitize the dishes. DW #1 stated the dishwashing machine was a high-temp machine. DW #1 stated it was important to know the dishes were being sanitized and washed at the correct temperature, to know the dishes were clean, because the residents eat on the dishes and if they were not cleaned and sanitized the residents could get sick. DW #1 stated they should have contacted the Maintenance Supervisor (MS) when the temperature was not reaching the required temperature of 180 degrees so the MS could make sure the machine was operating properly.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/01/2026 at 11:45 AM, the DM provided a copy of the temperature logs for the dishwashing machine and the sanitizing logs for the three-compartment sink. The log identified temperatures for Wash/Rinse/Sanitizing. The log recommendation was for the internal sanitizing temperature to be taken prior to breakfast dishes.</p> <p>Review of the Temperature Log for March/April revealed rinsing and sanitizing temperatures recorded for March/April of 2026 did not reach the required temperatures or internal thermometer temperatures on the following 10 days:</p> <p>03/01/2026 Breakfast: 165/180/16503/02/2026 Breakfast: 155/180/16003/03/2026 Breakfast: 150/180/16503/04/2026 Breakfast: 155/175/170 03/05/2026 Breakfast: 160/180/170 03/06/2026 Breakfast: 155/175/16503/07/2026 Breakfast: 165/180/160 03/08/2026 Breakfast: 150/165/165 03/09/2026 Breakfast: 165/180/175 03/31/2026 Breakfast: No temps taken04/01/2026 Breakfast: 170/175/182</p> <p>During an interview on 04/01/2026 at 11:45 AM, the DM provided a copy of the PPM sanitizing Logs for the three-compartment sink. The log instructions at the bottom of the log indicated the Sanitizer PPM will be between 200 &amp;ndash; 400 PPM for quat sanitizer. The following dates/times did not meet the required level of sanitization:</p> <p>03/01/2026 AM PPM: 100; Noon PPM: 100; Dinner PPM: 10003/02/2026 Dinner PPM: 10003/03/2026 Noon PPM: 10003/04/2026 AM PPM: 100; Noon PPM: 100; Dinner PPM: 10003/05/2026 AM PPM: 100; Dinner PPM: none logged03/06/2026 Dinner PPM: none logged03/07/2026 AM PPM: 100. 03/08/2026 Noon PPM: 100; Dinner PPM: 100.03/09/2026 AM PPM: 100.03/10/2026 AM PPM: 100.03/11/2026 Noon PPM: 100; Dinner PPM: none logged03/12/2026 Noon PPM 100; Dinner PPM: none logged.03/13/2026 AM PPM: 100.03/14/2026 Dinner PPM: 100.03/15/2026 AM PPM: 100; Noon PPM: 100; Dinner PPM: 100.03/22/2026 Dinner PPM: none logged.03/24/2026 AM PPM: 100; Noon PPM: 100.03/25/2026 AM PPM: 100; Noon PPM: 100; Dinner PPM: 100.03/27/2026 Noon PPM: 100; Dinner PPM: 100.03/28/2026 Noon PPM: 100; Dinner PPM: none logged.03/29/2026 AM PPM: 150; Noon PPM: 100; Dinner PPM: none logged.03/30/026 AM PPM: 150; Noon PPM: 100; Dinner PPM: none logged.03/31/2026 none logged04/01/2026 AM PPM: 150 PPM.</p> <p>During an interview on 04/01/2026 at 11:55 AM, the MS provided a copy of the Dish Machine Specs Sheet which identified the machine as an XL-HT dish machine and indicated the wash minimum temperature should be 150 degrees Fahrenheit and the sanitizing rinse minimum temperature should be 180 degrees Fahrenheit.</p> <p>During an interview on 04/01/2026 at 12:38 PM, the Infection Preventionist (IP) stated if the dishes were not properly cleaned and sanitized it could cause gastrointestinal (GI) issues with the residents. The IP stated they had not had any GI concerns over the past three months. The IP stated it was important for the dishes to be sanitized properly because the residents eat on the dishes from the kitchen.</p> <p>During an interview on 04/02/2026 at 8:56 AM, the facility Physician Assistant &amp;ndash; Certified (PA-C), stated it was important for the dishes to be cleaned and sanitized properly for cleanliness sake and due to a risk of cross contamination. The PA-C continued that if one resident had some form of disease it could spread to a different resident or could potentially cause GI issues, such as bacterial or viral infections. (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>During an interview on 04/02/2026 at 1:43 PM, the Administrator stated incorrect test strips and inappropriate temperatures in the dishwasher could affect the residents because the dishes were not properly sanitized and things were not being killed off properly, like bacteria which could affect the GI tract, cause stomach infections and make the residents sick. The Administrator stated they review the dietary department dishwasher, and three-compartment sink logs quarterly. The Administrator stated the dishwasher vendor checked the machine once a month but if a problem was identified the DM would let the MS know, and the MS would contact the vendor. The Administrator stated they had not had any reports of the dishwasher not reaching temperatures or of being without test strips prior to the survey team making them aware of the problem. The Administrator stated the DM was responsible for ensuring the test strips were available for use.</p> <p>During an interview on 04/02/2026 at 1:54 PM, the MS stated it was important to ensure the temperature in the dish machine reached the appropriate temperature for sanitizing to kill bacteria. The MS stated the test strips should be used in the three-compartment sink to ensure the appropriate amount of chemical was being used to keep anybody [who was] eating off the dishes from getting sick. The MS stated the DM should contact the MS if they note a problem and then the MS would contact the vendor, but they had not had any reports of any problems with the dishwasher. The MS stated they do not monitor the temperatures in the dishwasher, just the kitchen hot water heaters. The MS stated that the vendor checks the machine every 30 days or once a month.</p> <p>During an interview on 04/02/2026 at 1:30 PM, the Administrator provided the Safety Data Sheet for the sanitizer solution used in the kitchen which revealed the chemical used was a multi-quat sanitizer solution, not a bleach product.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on record review and interview, the facility failed to ensure a Comprehensive Care Plan was developed and implemented to address the necessary monitoring and precautions related to the use of antidepressants, anticoagulants and diuretic medications to meet the medical and nursing needs of the resident and minimize the potential for complications for one (Resident #2) of five residents reviewed.</p> <p>The findings include:</p> <p>Review of Resident #2's admission Record revealed the facility admitted Resident #2 on 02/24/2026.</p> <p>Review of an admission Minimum Data Set (MDS) with an Assessment Reference Date of 03/02/2026, revealed Resident #2 had diagnoses which included heart failure, stroke with hemiplegia (paralysis of one side), and unspecified mood (affective) disorder. The MDS also revealed Resident #2 had a Brief Interview for Mental Status score of 14, which indicated the resident was cognitively intact, and received antidepressant, anticoagulant, and diuretic medications.</p> <p>Review of an Order Summary Report dated 03/31/2026, revealed Resident #2 had an order dated 02/24/2026 for an anticoagulant (blood thinner) tablet to be given two times a day related to hemiplegia following stroke affecting the left non-dominant side, and a diuretic to be given two times a day related to heart failure. The Order Summary Report also revealed Resident #2 had an order dated 02/25/2026 for an antidepressant to be given once a day related to unspecified mood (affective) disorder.</p> <p>Review of a Care Plan with an initiation date of 02/25/2026 revealed the Care Plan did not address the use, monitoring or precautions of a diuretic medication, an antidepressant medication or an anticoagulant medication.</p> <p>Review of the Medication Administration Record for 03/01/2026 to 03/31/2026 confirmed Resident #2 had received an antidepressant one time a day, a diuretic twice a day and an anticoagulant twice a day during the month of March.</p> <p>During an interview on 04/01/2026 at 4:28 PM, the Rehabilitation MDS Coordinator indicated she was responsible for completing the comprehensive admission MDS assessment on 03/02/2026 for Resident #2. The Rehabilitation MDS Coordinator was asked when Resident #2's Care Plan was completed, and she stated, it was initiated on 02/24/2026. The Rehabilitation MDS coordinator was asked if the Care Plan was updated after the admission Comprehensive Assessment was completed and she stated, it was not updated by me. The Rehabilitation MDS Coordinator indicated she had not been trained on Care Plans, and she did not know how long she had to complete the Comprehensive Care Plan after the resident's admission Comprehensive Assessment was completed. The Rehabilitation MDS Coordinator was asked if Resident #2 received antidepressant, diuretic, and anticoagulant medications. The Rehabilitation MDS Coordinator reviewed the electronic record and confirmed Resident #2 received an antidepressant, anticoagulant and diuretic medication. The (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 - Few</p>	<p>Rehabilitation MDS Coordinator then reviewed the electronic record and confirmed the medications were not addressed on the Care Plan. The Rehabilitation MDS Coordinator was asked if the residents Care Plan should address these medications and she stated, it should so staff knew the resident was on the medications and if the medications were not given correctly there could be interactions with other medications.</p> <p>During an interview on 04/01/2026 at 4:35 PM, the Long-Term Care (LTC) MDS Coordinator indicated the comprehensive Care Plan should be completed within seven days after the completion of the comprehensive admission assessment. When asked how Resident #2 had a Care Plan that addressed some of the residents needs if the Rehabilitation MDS Coordinator did not complete a Care Plan after the comprehensive assessment was completed. The LTC MDS Coordinator stated, Resident #2 had a partial Care Plan because when staff complete the admission/readmission assessment some, but not all care plan items are 'triggered' for creating the initial Care Plan. The LTC MDS Coordinator confirmed that the antidepressant, diuretic and anticoagulant medications that Resident #2 received all carry a black box warning indicating they were all high-risk medications that require precautions and monitoring.</p> <p>During an interview on 04/01/2026 at 4:51 PM, the Director of Nursing (DON) confirmed that Resident #2 received antidepressant, anticoagulant and diuretic medications and that the resident's Care Plan did not address the use of these medications. The DON indicated that these medications should be addressed in the Care Plan so the residents' care could be managed appropriately.</p> <p>During an interview on 04/02/2026 at 10:28 AM, the Administrator stated he would check and let this surveyor know if the facility had a policy on Care Plans.</p> <p>During a second interview on 04/02/2026 at 1:50 PM, the Administrator confirmed that a resident's Comprehensive Care Plan should address high risk medications such as anticoagulants, diuretics, and antidepressants if they were receiving them to ensure everyone was aware of the medications the resident was receiving and what the potential outcomes were.</p> <p>Review of a Care Plan Development Statement provided by the Administrator revealed the facility used the Resident Assessment Instrument (RAI) Manual as the primary guide for developing and implementing individualized Care Plans, ensuring they meet resident needs and regulatory standards.</p> <p>Review of the RAI manual Chapter 4: Care Area Assessment Process and Care Planning revealed the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) mandates that facilities provide necessary care and services to help each resident attain or maintain the highest practicable well-being. Regulations require facilities to complete an admission comprehensive standardized assessment of each resident within 14 days of admission. The comprehensive care plan, which is an interdisciplinary communication tool must be developed within 7 days of the completion of the comprehensive standardized assessment and must include measurable objectives and timeframes and describe the services that are to be furnished to attain or maintain the residents' highest practical, physical, mental and psychological well-being.</p>		