

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Paris Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1414 S Elm St Paris, AR 72855	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interviews, record review, facility document review, facility policy review, it was determined that the facility failed to revise the comprehensive care plan as needed and after changes were made on the resident's 01/05/2026 quarterly Minimum Data Set (MDS) for one (Resident #99) of three residents.</p> <p>The findings include:</p> <p>A review of Resident #99's quarterly MDS with an Assessment Reference Date (ARD) of 07/30/2025, revealed the resident had active diagnoses, which included depression, insomnia, and non-Alzheimer's dementia. Resident #99's MDS also revealed a Brief Interview for Mental Status (BIMS) score of 09, which indicated the resident had moderate cognitive impairment.</p> <p>A review of Resident #99's quarterly MDS with an ARD of 01/05/2026, revealed a BIMS score of 03, which indicated the resident had severe cognitive impairment.</p> <p>A review of a Witness Statement dated 12/13/2025, regarding an incident on 08/13/2025, revealed Resident #99 was found in Resident #13's bed with their arms on Resident #13 back, with Resident #13 trying to climb on top of Resident #99 while kissing. Resident #13 had nothing on from the waist down and Resident #99 had their pants around their knees. Resident #99 was care planned for this behavior after the incident.</p> <p>A review of Resident #99's Care Plan on 03/03/2026 at 2:27 PM, revealed Resident #99 was care planned for 'Sexual Expression' on 08/15/2025, with a goal to allow the resident to engage in sexual behavior with other consenting residents, after an incident that occurred on 08/13/2025. Resident #99's Care Plan also specified interventions of ensuring appropriate consent was obtained between residents, provide privacy if the resident was found engaging in activity, and observe for changes in mood or cognition, per policy.</p> <p>During an interview on 03/04/2026 at 10:59 AM, Resident #99's Responsible Party stated Resident #99 was not capable of consent related to sexual relationships or activity and had not been in a long time. Resident #99's Responsible Party revealed they were the decision maker for the resident.</p> <p>During an interview on 03/05/2026 at 11:22 AM, Licensed Practical Nurse (LPN) #10 stated that the Care Plans should be updated as needed. LPN #10 reported being familiar with Resident #99, and that the resident could not express their needs or wants. LPN #10 stated she did not believe Resident #99 was ever capable of making a decision on a sexual relationship, although it was noted on the care plan.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/05/2026 at 11:45 AM, LPN #11 was notified of changes in conditions which needed to be care planned, then assessed if there was a change. The Medical Director and Interdisciplinary Team were notified as necessary. LPN #11 stated Resident #99's current care plan was not accurate for the resident's care needs due to the steady decline.</p> <p>During an interview on 03/05/2026 at 10:02 AM, the Social Services Director stated we discussed the incident of when Resident #99 and Resident #13 where found in Resident #13's bed, in the morning meeting on 08/13/2025 (sic). The Social Services Director confirmed she did the sexual consent forms with Resident #99 and Resident #13 at that time and determined they were able to consent. The form was not triggered to repeat on the next quarterly assessment and was not a preventive measure.</p> <p>During an interview on 03/05/2026 at 12:25 PM, the Director of Nursing (DON) stated Sexual Expression was care planned for Resident #99 after an incident between Resident #99 and Resident #13. After this incident, the Social Director completed the sexual questionnaires on 08/13/2025, that was used to determine if residents could consent to intimate relationships. The resident's BIMS were reviewed, and the resident's responsible parties were notified. At the time of the incident in August of 2025, neither resident wanted a sexual relationship.</p> <p>A review of Resident #99 and Resident #13's Sexual Questionnaire's indicated both residents answered questions concerning their understanding of intimate relationships. The forms were dated 08/13/2025, signed by the Social Services Director with the word consent written on the page.</p> <p>During an interview on 03/05/2026 at 1:25 PM, the Medical Director stated a Care Plan for sexual activity a resident with a BIMS score of 03 was not appropriate, because the sexual knowledge would be low.</p> <p>During an interview on 03/05/2026 at 1:47 PM, the Administrator revealed the Care Plan was very important, because it was resident focused and centered to identify the needs of the resident. The facility cared for behaviors, treatment, and protocols. The Administrator confirmed that Care Plans were updated as needed and when the MDS reflected a change, he then stated, I expect to have care plans updated quickly.</p>		