STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045300	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paris Health and Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared, distributed, and served in a safe and sanitary manner. Specifically, the facility failed to maintain kitchen equipment free of debris, failed to prevent potential cross-contamination from personal electronics in food preparation areas, and failed to ensure staff avoided bare-hand contact with a resident's food for one of one kitchen reviewed for food service. The findings include: During an observation on 03/02/2026 at 9:05 AM, this surveyor and Dietary Manager (DM) #4 observed the grease trap located under the griddle, which revealed an accumulation of approximately two inches of black sludge and debris. DM #4 stated the grease trap should be cleaned weekly but estimated the current accumulation had been present for a very long time. The DM was unable to state exactly when the grease trap had last been cleaned, as it was not listed on the cleaning schedule. During a concurrent observation and interview on 03/02/2026 at 12:10 PM, Certified Nursing Assistant (CNA) #1 was observed delivering a meal tray to a resident. CNA #1 opened a package of crackers, contaminating their hands, removed the crackers with their bare hands, and placed the crackers directly into the resident's bowl of chili. CNA #1 stated the belief was that bare-hand contact with food was acceptable if hand sanitizer was used between residents. During an observation on 03/02/2026 at 2:50 PM, this surveyor observed the food preparation area and saw a personal cellphone, which belonged to [NAME] #2 laying on a food prep counter. DM #4 confirmed the device belonged to [NAME] #2. During an interview on 03/04/2026 at 10:25 AM, [NAME] #3 stated that failure to clean grease traps could lead to bacteria buildup and pest attraction. [NAME] #3 further noted that personal items must be stored away from food preparation areas to avoid contamination. During an interview on 03/04/2026 at 12:59 PM, [NAME] #2 stated that grease traps should be cleaned during stovetop maintenance, but could not recall the last time this specific trap was cleaned. [NAME] #2 acknowledged that accumulated grease was a fire hazard and that personal items on prep tables caused cross-contamination. [NAME] #2 then claimed ownership of the phone that was left on the food prep table and confirmed that all personal belongings were to be kept out of the kitchen, because of the risk of contamination. During an interview on 03/04/2026 at 1:35 PM, DM #4 stated that uncleaned grease traps could eventually cause a pest issue and confirmed that personal items in preparation areas could lead to (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cross-contamination. During an interview on 03/05/2026 at 1:22 PM, the Administrator stated that grease traps should be cleaned daily, or frequently, depending on use. The Administrator confirmed that dirty grease traps were fire hazards and that personal cellphones on food preparation tables created cross-contamination risks. During an interview on 03/05/2026, Registered Dietician #9 stated the facility did not have a specific policy or procedure regarding safe food handling and personal items in food preparation areas. A review of CNA #1's annual performance evaluation on 03/05/2026 at 8:30 AM, confirmed CNA #1 received training on the serving and removing of trays on 12/15/2025. A review of the facility's Kitchen Cleaning Schedules from 02/09/2026 to 03/01/2026, revealed no specific cleaning tasks for grease traps. An in-service titled Job Duties dated 01/05/2026, did not indicate specific cleaning for drip pans and grease traps. A review of the facility policy titled Hand Hygiene dated 06/11/2020, revealed instructions for reducing infection risks, but failed to address specific hand hygiene requirements for food service or the prohibition of bare-hand contact with ready-to-eat food. A review of policies and procedures for Cleaning Schedules dated 02/01/2002 and 08/10/2018 were provided by the Administrator, and neither contained specific cleaning instructions or frequency regarding drip pans and grease traps. A review of the policy and procedure titled, Cooking Guidelines effective 08/15/2009, indicated that staff should wash hands before handling foods and after becoming contaminated and wear gloves when handling all foods.

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F 0568 Level of Harm - Potential for minimal harm Residents Affected - Many	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on facility record review, interview, facility policy review, it was determined that the facility failed to ensure quarterly statements were provided to three (Resident #8, Resident #68, and Resident #82) of three residents, or their representative, reviewed for personal funds. The findings include: Resident #8 A review of Resident #8's Face Sheet indicated the facility admitted the resident on 08/21/2024, with diagnoses which included schizoaffective disorder, bipolar disorder, and depression. Resident #8's Face Sheet also revealed the resident's representative was listed as the Primary Financial responsible party. A review of Resident #8's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/24/2025, revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. During an interview on 03/04/2026 at 1:56 PM, Resident #8's representative reported that Resident #8 was supposed to receive their own quarterly resident trust statements, and that Resident #8 only added Resident #8's representative as a backup emergency contact. Resident #8's representative reported that they had never received a quarterly statement from the facility related to Resident #8's resident trust account. During an interview on 03/05/2026 at 10:11 AM, Resident #8 reported they had never received an account statement from their resident trust account from the facility, and if they had, it would be on their bedside table. Resident #68 A review of Resident #68's Face Sheet indicated the facility admitted the resident on 04/04/2019, with diagnoses which included dementia with psychotic disturbance. Resident #68's Face Sheet also revealed the resident's representative was listed as the Primary Financial responsible party. A review of Resident #68's quarterly MDS with an ARD of 02/23/2026, revealed a BIMS score of 03, which indicated the resident had severe cognitive impairment. During an interview on 03/04/2026 at 1:40 PM, Resident #68's representative confirmed they were the person responsible for Resident #68's financial affairs and further confirmed that Resident #68 had their money in a trust account through the facility. Resident #68's representative reported that during the entirety of Resident #68's admission of more than six years, they had never received a quarterly statement from the facility. They reported receiving a bill every month, but no quarterly statement. Resident #68's representative confirmed that no other document came with the bill, nothing like a statement of account. Resident #68's representative then confirmed the address listed on Resident #68's Face Sheet was correct. Resident #82 (continued on next page)

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F 0568 Level of Harm - Potential for minimal harm Residents Affected - Many	A review of Resident #82's Face Sheet indicated the facility admitted the resident on 07/21/2025, with diagnoses which included cognitive communication deficit and dysphagia. Resident #68's Face Sheet also revealed the resident's representative was listed as the Primary Financial responsible party. A review of Resident #82's quarterly MDS with an ARD of 01/26/2026, revealed a BIMS score of 11, which indicated the resident had moderate cognitive impairment. During an interview on 03/03/2026 at 9:06 AM, Resident #82's representative reported that the facility handled the money for Resident #82, but they have never received an account statement from the facility, only a bill. During an interview on 03/05/2026 at 9:57 AM, the Financial Specialist confirmed they were responsible for the resident trust accounts and sending out the quarterly statements to both the residents and responsible parties listed on the face sheets. The Financial Specialist reported that the statements were emailed to the facility from the corporate office on a quarterly basis. Once the facility received the statements, the Financial Specialist verified the address listed on each statement prior to mailing them to the responsible party, or hand delivering them to the resident, if they were their own person. The Financial Specialist then revealed there was no documentation of the statements being sent either through the mail or being delivered to the resident. The Financial Specialist was unable to confirm if the quarterly financial resident trust statements had been provided to the resident representative, either by mail or in person. The Financial Specialist reported the last quarterly resident trust statements that were supposed to have been sent out were from 12/31/2025. During an interview on 03/05/2026 at 10:25 AM, the Administrator confirmed it was their expectation that staff followed the policies of the facility, and if there was confusion, then it was expected that the staff came to the Administrator for clarification. The Administrator confirmed quarterly trust account statements were expected to be sent to the resident's representative or the resident. The Administrator confirmed the process of receiving the statements (the facility received the statements electronically), they were then printed and mailed or provided to the residents. During an interview on 03/05/2026 at 11:42 AM, the Administrator was unable to provide verification that the statement had been mailed or delivered to the resident's representative or to the residents and stated, our process was not good enough. The Administrator reported the facility did not have a system in place to ensure the quarterly statements were provided to the residents' representative. A review of a facility policy titled Resident Trust with an effective date of October 2022 read in part that the responsibilities of the facility included providing each resident or legally responsible designee a statement of the account activity quarterly.