Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Morningside Drive Conway, AR 72034	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48630 Surveyor: [NAME], [NAME] Based on observations, interviews, record review, facility document review, and facility policy review it was determined the facility failed to secure residents private health information on facility tablet to prevent unauthorized sharing of electronic medical record (EMR), while leaving the EMR open in the hallway without staff around for 1 (Resident #330) of 1 Resident reviewed for protection on electronic medical record. Findings include: A review of a facility policy titled, Confidentiality of Information and Personal Privacy, dated October 2017, indicated, Our facility will protect and safeguard resident confidentiality and personal privacy. The facility will safeguard the personal privacy and confidentiality of all resident personal and medical records. Assess to resident personal and medical records will be limited to authorized staff and business associates. A review of the Order Summary Report, indicated the facility admitted Resident #330 with diagnoses that included unspecified foreign body in bronchus causing asphyxiation, initial encounter, essential (primary) hypertension, other nonspecific abnormal finding of lung field. The 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/02/2024, revealed Resident #330 had a Brief Interview of Mental Status (BIMS) score of 12 which indicated the Resident was cognitively intact. During an observation on 06/03/2024 at 3:10 PM, The Surveyor observed a facility tablet screen showing Resident #330's electronic medical record (EMR). This was on top of the facilities treatment cart parked outside the Resident's room on the 500 hall. Visible on the screen for anyone in the hallway was: a. Facility name b. Resident ' s name c. Status (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	d. Location e. Gender f. Date of birth g. Age h. Physician i. Allergies j. Code status k. Special instructions l. Current Vital signs a. Blood Pressure b. Temperature c. Pulse d. Weight e. Respirations f. Blood sugar g. Pain m. Treatment to be performed n. Picture of Resident During an observation on 06/03/2024 at 3:25 PM, the surveyor observed staff, residents, and visitors pass the open EHR (Electronic Health Record) in the hallway. During a concurrent observation and interview on 06/03/2024 at 3:29 PM, Surveyor observed a staff member exit Resident #330's room. Surveyor observed the staff member tap the tablet screen on top of the treatment cart which made the screen go white. Staff member identified as Licensed Practical Nurse (LPN) #17. LPN #17 was asked by the surveyor what was done to the tablet screen. LPN #17 stated, I hid it. I fixed it because I am about to walk away. Other staff members exited the room and this nurse walked away from surveyor and left the hallway. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 06/03/2024 at 3:31 PM, staff member walked up to the cart and tablet in hallway and introduced self as Registered Nurse (RN) #6. When asked by the Surveyor, What should be done to the EMR in the hallway before entering a Resident's room? RN #6 stated, The computer should be turned off to not show the Residents EHR. It is due to [Health Information Portability and Accountability Act] HIPPA. During an interview on 06/05/2024 at 12:04 PM, the Director of Nursing (DON) was asked by the Surveyor, What should the nurses do in the hallway to the electronic medical record (EMR) on computers and tablets prior to leaving them unattended in the hallway? The DON replied, The lock screen should be put on for the resident's privacy. The Surveyor asked, What can be viewed while the lock screen is not in place while a tablet is on in the hallway with no staff present? The DON replied, Not much because the screen goes blank fast. The Surveyor asked how fast the screens go blank. The DON was unable to provide a set amount of time to when it goes blank. The Surveyor explained the tablet screen showing residents EHR was observed for 19 minutes and never went blank.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Living Center	1175 Morningside Drive Conway, AR 72034

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48630 Based on observations, interviews, record review, facility document review, and facility policy review it was determined that the facility failed to ensure that hazards including razors and nail trimmers were securely stored to promote Resident safety for 2 (Resident #7 and #82) of 2 Residents reviewed for accidents and hazards. Findings include: A review of a facility policy titled, Safety and Supervision of Residents, dated July, indicated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. A review of the Order Summary Report, indicated the facility admitted Resident #7 with diagnoses that included cognitive communication deficit, other speech disturbances, repeated falls, muscle wasting and atrophy, dementia, psychotic disturbance, mood disturbance, and anxiety, and depressive episodes. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/03/2024, revealed Resident #7 had a Brief Interview of Mental Status (BIMS) score of 9 which indicated the Resident had moderate cognitive impairment. A review of Resident #7's Care Plan, initiated, revealed the Resident has impaired cognitive function/dementia or impaired thought processes as evidenced by BIMS secondary to DX (diagnosis) of dementia. Interventions included cue, reorient, and supervise as needed initiated on 09/15/2021. During an observation on 06/02/2024 at 11:04 AM, Surveyor observed 3 razors in the bathroom of Resident #7 on top of the soap dispenser. During an observation on 06/02/2024 at 03:07 PM, Surveyor observed 3 razors in the bathroom of Resident #7 on top of the soap dispenser. During an observation on 06/03/2024 at 03:02 PM, Surveyor observed 3 razors in the bathroom of Resident #7 on top of the soap dispenser. A review of the Order Summary Report, indicated the facility admitted Resident #82 with diagnoses that included unspecified lack of coordination, excoriation (skin picking) disorder, dementia, psychotic disturbance, mood disturbance, and anxiety. The Signification Change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2024, revealed Resident #82 had a Brief Interview of Mental Status (BIMS) score of 3 which indicated the Resident had severe cognitive impairment. Dependent on staff for personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	A review of Resident #82's Care Plan, initiated, revealed the Resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) generalized weakness w/ (with) HX (history) of fall resulting in bilateral lower extremity FX's (fractures), also with dementia. Interventions included the resident requires extensive assist x1 staff with personal hygiene and oral care initiated 05/21/2021. The Resident requires skin inspection weekly, observe for redness, open areas, scratches, cuts, bruises, and report changes to the nurse initiated on 05/21/2021. A review of Progress Notes, revealed Resident #82 had a Nsg (Nursing)- I&A (Incident and Accident) Note with an effective date of 05/18/2024 at 10:16 AM that stated, Resident was found with blood on her left hand and her bed sheet. Resident was also noted to have blood under the nails on her right hand and fingers of the right hand. Resident also stated that she scratched herself and it started bleeding. A review of Order Summary Report, revealed Resident #82 had a physician's order which stated, Skin tear to L (left) thumb and index finger: cleanse with wound cleanser, pat dry. Apply collagen and transparent dressing every Tuesday and PRN (as needed) until resolved. Every day shift every Tue (Tuesday) for wound healing. During an observation on 06/02/2024 at 11:10 AM, Surveyor observed a pair of nail trimmers on Resident #82's bedside table. During an observation on 06/02/2024 at 3:08 PM, Surveyor observed a pair of nail trimmers on Resident #82's bedside table. During an interview on 06/05/2024 at 11:50 AM, the Certified Nursing Assistant (CNA) #20 was asked by the Surveyor, who is responsible for trimming the resident ' s nails and shaving the s and where are the razors and nail trimmers kept in the facility CNA #20 stated, The CNAs are responsible when showering the residents. The razors and nail trimmers are stored in the shower room and supply closet of each hall. The surveyor asked, Are they ever stored in a resident's room? CNA #20 stated, No, they are never stored in a resident's room because they are sharp and harmful which could cause cuts or skin tears. CNA #20 added some residents do not know what they are doing and so we don't let them touch that stuff. During an interview on 06/05/2024 at 11:54 AM, Licensed Practical Nurse (LPN) #21 was asked by the surveyor, Who is responsible for trimming the resident ' s nails and shaving the residents? LPN #21 stated, CNAs do the shaving and the trimming of the residents nails if the resident is not diabetic. LPN #21 stated the nail clippers and razors are stored in the supply closet at the front of the facility on 300-hall. LPN #21 added that razors and nail trimmers are not stored in the resident's rooms because they could cut themselves. LPN #21 also informed the surveyor that all staff check rooms for hazards. During an interview on 06/05/2024 at 11:58 AM, the Director of Nursing (DON) was asked by the surveyor, Who is responsible for trimming the resident's nails and shaving the residents? The DON stated, Shower aids and any staff that sees it needs done. Surveyor asked, What is the facilities process for storage of nail trimmers and razors? The DON stated, Nail trimmers in the shower room or resident bedside drawers with other ADL (Activities of Daily Living) stuff. Razors are also stored in the shower rooms. The DON confirmed that razors are not stored in resident's rooms unless they are deemed safe to shave themselves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 48630 Based on observations, interviews, facility document review, and facility policy review it was determined the facility failed to ensure that portable oxygen cylinders were stored securely when not in use for the facility. Findings include: A review of a facility policy titled, Fire Safety and Prevention, dated May, indicated, Oxygen Safety: f. Store oxygen cylinders in racks with chains, sturdy portable carts, or approved stands. Never leave oxygen cylinders free-standing. During an observation on 06/04/2024 at 8:32 AM, Surveyor noted three oxygen cylinders in the 600 Hall therapy gym. Two cylinders were in a portable rolling stand. The third one was free-standing with a regulator in place. No staff around currently. During an observation on 06/04/2024 at 8:45 AM, Surveyor noted three oxygen cylinders in the 600-hall therapy gym. Two cylinders were in a portable rolling stand. The third one was free-standing with a regulator in place. Currently there are no staff in the therapy gym. During a concurrent observation and interview on 06/04/2024 at 9:03 AM, Speech Pathologist #15 confirmed there are three portable oxygen cylinders in the 600-hall therapy gym, two cylinders were in the portable rolling stand and the third is free-standing. Speech Pathologist #15 stated the oxygen is in the gym for residents in therapy that require oxygen usage. Speech Pathologist #15 stated that oxygen should be stored in the oxygen room, in bag on the back of the resident's wheelchair, or in a rolling oxygen cylinder carrier. Speech Pathologist #15 added these storage techniques are used to prevent the cylinder from falling over which could cause the cylinder to explode. During a concurrent observation and interview on 06/04/2024 at 09:09 AM, Licensed Practical Nurse (LPN) #16 confirmed there is three portable oxygen cylinders in the 600-hall therapy gym, two cylinders were in the portable rolling stand and the third one is free-standing. LPN #16 stated the free-standing cylinder is not secured or safe. When asked by the surveyor how portable oxygen should be stored. LPN #16 stated on the back of a resident's wheelchair in a bag, in a rolling oxygen cylinder carrier, or in oxygen storage room rack. LPN #16 added this is to ensure the tank does not tip over and possibly explode. During an interview on 06/04/2024 at 09:13 AM, the Director of Nursing (DON) was asked by the surveyor how portable oxygen cylinders are stored in the facility. The DON stated, In the back of the resident's wheelchair in bag holder, in oxygen rolling cart stand with wheels, or in a rack in the storage rooms on 200, 500, 600 halls. The DON did clarify all care staff transport oxygen in the facility. The surveyor asked, Why is oxygen not stored free-standing in the facility? The DON stated, To prevent the oxygen cylinders from falling over and to promote resident safety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Morningside Drive Conway, AR 72034	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48630 Based on observations, interviews, facility document review, and facility policy review it was determined that the facility failed to ensure that a nurses wound treatment cart remained locked when left in the hallway without licensed staff remaining with the cart. Findings include: A review of a facility policy titled, Storage of Medications, dated April 2007, indicated, Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. During an observation on 06/03/2024 at 3:10 PM, the surveyor observed a 4-drawer cart on the 500-hall parked against the wall with the drawers facing the hallway. The bottom drawer was slightly open. No staff around the cart currently. The surveyor stayed near the cart and within short eyesight of the cart in the hallway. During an observation on 06/03/2024 at 03:25 PM, the surveyor observed staff, residents, and visitors pass the unlocked treatment cart in the hallway. During a concurrent observation and interview on 06/03/2024 at 3:29 PM, Surveyor observed a staff member exit a resident ' s room. Surveyor approached as the staff member pushed in a mechanism on the top right of the cart. Staff member identified as Licensed Practical Nurse (LPN) #17. LPN #17 was asked whose cart is this in the hallway? LPN #17 stated, This is the treatment nurse's cart. Surveyor asked, What did you do to the cart when you walked up to it. LPN #17 stated, I locked it, I fixed it because I am about to walk away from it. Other staff members exited the room and this nurse walked away from surveyor and left the hallway. During a concurrent observation and interview on 06/03/2024 at 3:31 PM, Staff member walked up to cart and introduced self as Registered Nurse (RN) #6. When asked by the surveyor, What should be done to the cart prior to leaving it in the hallway? RN #6 stated, It should be locked because there are supplies and medications in the cart. RN #6 also confirmed that with it unlocked anyone could get in the cart and take the medications or supplies. During the interview the following medications/supplies/cleaning agents were identified: a. A tube of silver silfadiazine b. Single use packages of zinc oxide formula c. Tube of medihoney gel d. Over 20 single use packs of triple antibiotic ointment (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	e. A box of 25 single use packs of triple antibiotic ointment f. Approximately 32 individually wrapped povidone-iodine swabsticks g. A bottle of iodine cleaner h. A spray bottle of wound cleanser i. Multiple Petrolatum dressings j. Multiple Antimicrobial Silver Calcium Alginate Dressings k. Multiple Collagen Dressing with Silver l. Multiple Calcium Alginate Dressing with Antimicrobial Silver m. 5 bottles of prescription nystatin powder n. 3 bottles of Lotion o. Multiple packages of antimicrobial foam dressings p. A container of Germicidal Disposable Wipes q. 1 pair of bandage scissors During an interview on 06/05/2024 at 12:07 PM, the Director of Nursing (DON) was asked by the Surveyor how should a treatment cart be left in the hallway when unattended by licensed staff? The DON stated, They should be locked. The surveyor asked why the treatment cart should be locked? The DON replied, So anyone who wanted, or a resident going down the hallway could not get in the treatment cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	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. 03508 Based on observation, record review, and interview the facility failed to ensure meals were prepared and served according to the planned written menu to meet the nutritional needs of the residents for 2 of 2 meals observed. This failed practice had the potential to affect 21 residents who received mechanical soft diets from 1 of 1 kitchen. The findings are: 1. The menu for lunch documented the residents on pureed diets were to receive a #10 scoop (3oz) ounces of pork loin, 1 #8 scoop (1/2) cup of pureed Au Gratin Potatoes and 1 #10 scoop (1/3) cup of pureed. a. On 06/02/24 at 11:25 AM, Dietary Aide (DA) #2 used a 4-ounce spoon (1/2) cup to place 21 servings of scalloped potatoes into a pan from a pan on the steam table. At 11:26 AM the DA #2 poured 21 servings of scalloped potatoes into a blender and pureed to serve 23 residents on pureed diets, 2 servings short. b. On 06/02/24 at 11:33 AM, DA#2 used a 3-ounce spoon to place 21 servings of pork roast into a blender, added gravy and pureed to serve 23 residents who required pureed diets. c. On 06/02/24 at 11:36 AM, DA #2 used a -4-ounce spoon to place 21 servings of zucchini into a blender and pureed, making it 2 servings short. 2. The Menu for breakfast meal documented the residents on pureed diets were to receive pureed hot cereal. a. 06/03/24 07:32 AM, residents on pureed diets were served regular oatmeal or regular grits, instead of pureed cereal. b. 06/03/24 at 1:00 PM. the surveyor asked Dietary Manager if the residents on pureed diets should have regular cereal. She stated, No. They should have pureed it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Living Center	1175 Morningside Drive Conway, AR 72034

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 03508 Based on observation, record review, and interview the facility failed to ensure meals were served in a method that conserve the nutritive value and maintained the appearance of cold and hot product, food items at temperatures that were acceptable to the residents to improve palatability and encourage good nutritional intake during 2 of 2 meal observed. This failed practice had the potential to affect 20 residents who receive meal trays in their rooms on the 100 Hall, 13 residents who receive meal trays on the 200 hall, 19 residents who receive meal trays in their room on the 300 hall, 18 residents who receive meal trays in their room on 400 Hall, 8 residents who receive meal trays in their room on the 500 hall, and 10 residents who receive meal trays in their room on the 600 hall. The findings are: 1. The Grievance Log on 5/14/24 documented resident complained of food being served cold on delivered tray. 2. During interview on 6/2/24 at 10:44 am the surveyor asked resident #95 how is food. Resident #95 stated, Food is horrible and on the cool side and doesn't taste very good-not too appetizing. 3. During interview on 06/02/24 at 11:02 AM, the surveyor asked Resident #122 how is the food. Resident #122 stated, The food is terrible. 4. During interview on 06/02/24 at 11:42 AM, during initial rounds, the surveyor asked Resident #107 How is the food? Resident #107 stated, By the time the food gets down here is has cooled some not completely cold but has definitely cooled down. 5. During interview on 06/02/24 at 12:14 PM, the surveyor asked Resident #109 how the food in the facility is? Resident #109 expressed how her diet consistency is pureed and that by the time the room tray arrives the food is cold. 6. During interview on 06/02/24 12:18 PM the surveyor asked Resident #73 how is the food. Resident #73 stated, if a resident eats in the room its cold. Resident said grievances have been filed, and they will do good for day or two and then right back to the way it was before. 7. On 06/02/24 1:47 PM, Dietary Aide (DA) #4 placed leftover cartons of ice cream in a box on a shelf in the freezer. The surveyor asked DA #3 to describe the appearance of the ice cream. DA # 4 stated, Just a little melted on the outside, but the middle part is still frozen. 06/02/24 01:49 PM The surveyor asked the Dietary Manager #2 if melted ice cream should be refrozen. The Dietary Manager stated, It was melted and cannot be refrozen. The surveyor asked the DA #4 how many cartons of ice cream were left in the box. DA #4 stated, There were 3 cartons of strawberry, 2 cartons of vanilla and a carton of chocolate total of 5. 8. On 06/03/24 at 1:14 PM, an unheated food cart that contained 8 trays for noon meal was delivered to 500-hall by Registered Nurse #6. At 1:27 PM, immediately after the last resident was served in their room on 500 hall, temperature of the food items on the tray used as test trays were taken and read by Dietary Manager #1 Hall with the following results: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Living Center	1175 Morningside Drive Conway, AR 72034

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	a. Ground pork chops with gravy 110.3 degrees Fahrenheit. b. Regular pork roast 114 degrees Fahrenheit. 9. On 06/33/23 at 1:37 PM, an unheated food cart that contained 20 trays for noon meal was delivered to 100- hall by the Registered Nurse #6. At 1:45 PM, immediately after the last resident was served in their room on 100 hall, temperature of the food items on the tray used as test trays were taken and read by Dietary Manager #1 on 100- Hall with the following results: a. Fried chicken 101.1 degrees Fahrenheit. b. Pureed pork roast 103.4 degrees Fahrenheit. c. Pureed scalloped potatoes 103.8 degrees Fahrenheit. e. Fortified mashed potatoes 99.5 degrees Fahrenheit. f. Ground pork chops with gravy 110.3 degrees Fahrenheit. g. Regular port roast 112 degrees Fahrenheit. h. scalloped potatoes 113.3 degrees Fahrenheit. 10. On 06/03/24 at 7:44 AM, the surveyor asked Certified Nursing Assistant (CNA) #12 who was assisting residents in the dining room with their meal to describe the consistency of the oatmeal served to the residents on pureed diets. She stated, It was regular oatmeal. 11. On 06/03/24 at 7:45 AM, the surveyor asked the CNA #13 who was assisting residents in the dining room with their meal to describe the consistency of the oatmeal served to the residents on pureed. She stated,, It was regular oatmeal. 12. On 06/03/24 at 7:52 AM, an unheated food cart that contained 8 trays for breakfast meal was delivered to 500- hall by the t #7. At 8:03 AM, immediately after the last resident was served in their room on 600 hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary Manager on the 500- Hall with the following results: a. Milk 48:5 degrees Fahrenheit. b. Ground sausage with gravy 106.3 degrees Fahrenheit. c. Scrambled Eggs 111.9 degrees Fahrenheit. d. Oatmeal 112.6 degrees Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Living Center	1175 Morningside Drive Conway, AR 72034

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	13. On 06/03/24 at 7:47 AM, an unheated food cart that contained 10 trays for breakfast meal was delivered to 600- hall by the License Practical Nurse (LPN) #101. 06/03/24 8:08 AM, immediately after the last resident was served in their room on 600 hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary Manager on the 600- Hall with the following results: a. Milk 48:3 degrees Fahrenheit. b. Scrambled Eggs 113 degrees Fahrenheit. 14. On 06/03/24 at 8:06 AM, an unheated food cart that contained 18 trays for breakfast meal was delivered to 400- hall by LPN #10. At 8:16 AM, immediately after the last resident was served in their room on 400 hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary Manager on the 400- Hall with the following results: a. Milk 51:6 degrees Fahrenheit. b. Ground sausage with gravy 98.6 degrees Fahrenheit. c. Scrambled Eggs 103.6 degrees Fahrenheit. 15. On 06/03/24 at 8:23 AM, a utility opened food cart that contained 4 trays for breakfast meal was delivered to 200- hall by the CNA #14. At 8:27 AM, immediately after the last resident was served in their room on 200 hall, temperature of the food items on the tray used as test trays were taken and read by the Dietary Manager on the 200- Hall with the following results: a. Milk 55 degrees Fahrenheit. b. Scrambled Eggs 99.7 degrees Fahrenheit. c. Ground sausage with gravy 89.9 degrees Fahrenheit. d. Oatmeal 106.8 degrees Fahrenheit. e. sausage 86.1 degrees Fahrenheit. 16. On 06/03/2024 at 9:21 AM, four residents present in the Resident Council meeting were asked about the food. Residents stated they ate in their rooms. Residents were asked if the hot foods were hot, and if the cold foods were cold when they received their tray. Resident #120 also stated, My ice cream is always melted. 17. On 06/03/24 9:33 AM, the surveyor asked DM #2 how long it should take to pass meal trays. DM #2 stated, Approximately 1 hour. The surveyor asked the DM #2 to describe the appearance of scalloped potatoes and zucchini served to the residents for noon meal, she stated, They were both over cooked.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 03508 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 21 residents who received pureed diets. The findings are: 1. On 06/02/24 at 11:25 AM, Dietary Aide (DA) #2 used a 4-ounce spoon to place 21 servings of scalloped potatoes into a pan from a pan on the steam table. At 11:26 AM, DA #2 poured 21 servings of scalloped potatoes into a blender and pureed. At 11:27 AM, DA #2 poured the pureed scalloped potatoes into a pan and placed it in the oven. The consistency of the pureed scalloped was lumpy and not smooth. 2. On 06/02/24 at 11:33 AM, DA#2 used a 3-ounce spoon to place 21 servings of pork roast into a blender, added gravy and pureed. At 11:39 AM, DA #2 poured the pureed pork roast into a pan and placed it on the steam table. The consistency was lumpy and was not smooth. 3. On 06/02/24 at 11:36 AM, Dietary Aide #2 used a -4-ounce spoon to place 21 servings of zucchini into a blender and pureed. DA #2 poured the pureed vegetable into a pan. The consistency was not formed. There were pieces of zucchini in the mixture. 4. On 06/02/24 at 12:59 PM, the surveyor asked the Dietary Manager (DM) #1 to describe the consistency of the pureed food items served to the residents on pureed diets. She stated, Pureed pork roast had lumps in it. Pureed scalloped potatoes had lumps in it. Pureed zucchini was lumpy and pureed bread had lumps in it. 5. On 06/03/24 07:36 AM, the surveyor asked the Certified Nursing Assistant (CNA) #11 to describe the consistency of grits served to the resident on a puree diet. CNA #11 stated, It was not pureed. 6. On 06/03/24 at 7:40 AM, pureed sausage served to the residents on pureed diets was lumpy. There were pieces of sausage visible in the mixture. Pureed served to the residents on pureed diets was not smooth. It was runny and there were pieces of bread in the mixture. 7. On 06/03/24 at 7:44 AM, the surveyor asked the CNA #12 who was assisting residents in the dining room to describe the consistency of the pureed oatmeal served to the residents on pureed diet. The CNA #12 stated, It was not creamy and not smooth. It was regular. 8. On 6/03/24 at 7:45 AM, the surveyor asked CNA #13 assisting the residents in the dining room to describe the consistency of the pureed oatmeal served to the residents who received pureed diets. CNA #13 stated, It was regular oatmeal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	9. On 06/03/24 at 7:40 AM, pureed sausage served to the residents on pureed diets was lumpy. There were pieces of sausage visible in the mixture. Pureed served to the residents on pureed diets was not smooth. It was runny and there were pieces of bread in the mixture. 1 10. 06/03/24 08:33 AM, the surveyor asked the DM #2 to describe the consistency of the pureed food items served to the residents on pureed diets. She stated, Pureed sausage was not smooth at all. I see lumps in it. Pureed bread was not smooth. It has lumps.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 03508 Based on observation, record review, and interview the facility failed to ensure the Resident meals were consistently being served at regularly scheduled times and failed to provide the residents with a dependable eating schedule for 2 of 2 meal services observed. The failed practice had the potential to affect all 127 residents who received meals from the kitchen. The findings are: 1. The Grievance log on 5/17/24 documented Resident complained of late lunch trays being served in dining room. 2. The Grievance log on 5/21/24 documented Resident complained of breakfast tray being served late. 3. The Facility Mealtimes on 06/03/24 documented, 7:00 AM for breakfast, 12:00 PM for lunch, and 5:00 PM for dinner. 06/02/24 The last noon tray was served on the 100 -Hall, at 01:45, 45 minutes late. 2. On 06/03/24 the first food cart was delivered to the unit at 7:15 AM. The last tray was served on the 200 Hall Room at 08:33 AM. 33 minutes late. 4. On 06/03/2024 at 9:21 AM, four residents present in the Resident Council meeting were asked about the food. Residents stated they ate in their rooms. Residents were asked if the hot foods were hot, and if the cold foods were cold when they received their tray. Resident #120 also stated, My ice cream is always melted. Resident # 60 stated, The food is overcooked and sometimes the grilled cheese is burnt.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 03508 Based on observation, record review, and interview the facility failed to ensure dietary staff washed their hands and changed their gloves before handling food items to prevent the potential for cross contamination for the residents who received meals from 1 of 1 kitchen; Hot food items were not maintained at or above 135 degrees Fahrenheit on the steam table while awaiting service to prevent potential food borne illness for the residents who received meals from 1 of 1 kitchen. These failed practices had the potential to affect 127 residents who received meals from the Kitchen. The findings are: 1. On 06/02/24 at 10:30 AM, Dietary Aide (DA) #1 turned the sink on and washed her hands. She used her bare hands to turn off the faucet, contaminating her hands. Without washing her hands, she picked up plates, and placed them in the plate warmer and placed the bowls on a shelf with her fingers inside of them. 2. On 06/02/24 at 10:35 AM, DA #1 turned on the hand washing sink and washed her hands. She turned off the faucet with her bare hands, contaminating her hands. Without washing her hands, she picked up picked up glasses by their rims and placed them on the shelf close to the steam table. 3. 06/02/24 at 10:43 AM, the drawers below the counter where serving utensils were stored was rusty. 4. On 06/02/24 at 10:54 AM, a container of rice crisper was on a shelf in the storage room and was not fully covered, exposing it to air or other contamination. 5. 06/02/24 at 11:09 AM, DA #3 was wearing gloves on her hands, when she picked up a spray bottle from the cabinet and spread inside the pan. Contaminating the gloves. Without changing gloves and washing her hands, DA #3 removed biscuits from the box and placed them on the pans to be baked and served to the residents for noon meal. 6. On 06/02/24 11:17 AM, the following beverage containers on a shelf in the refrigerator were not covered, exposing them to cross contamination. a. A pitcher of tomato juice. b. A pitcher of cranberry juice. c. A pitcher of orange juice. d. An opened box of sausage. The box was not covered or sealed. e. An opened box of chicken. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 - Many	f. The were 2 boxes of coffee on a shelf with received date of 05/15 on it. The manufacture specification on the box documented, Keep Frozen. 7. On 06/02/24 at 11:20 AM, DA #1 turned on the hand washing sink and washed her hands. She turned off the faucet with her bare hands, contaminating her hands. Without washing her hands, she picked up individual napkins, placed utensils inside, and wrapped them for the residents to be used during the noon meal. When the surveyor asked DA #1 what the residents use the napkins for. DA #1 stated, to wipe their mouth when eating their meal. The surveyor asked DA#1 what should you have done after touching dirty objects and before handling clean equipment? DA #1 stated, I should have washed my hands. 8. On 06/02/24 at 11:25 AM, DA #2 used a 4-ounce spoon to place 21 servings of scalloped potatoes into a pan from a pan on the steam table, contaminating her hand. DA #2 then picked up a clean blade from a clean rack and placed it inside the blender, after that, DA #2 set the blender on the counter. Holding onto the metal bar attached to the blender motor, DA #2 pulled the motor towards the edge of the counter. Without washing her hands, DA #2 picked up the blade and attached it to the base of the blender to be used in pureeing food items to be served to the residents on pureed diets for noon meal. At 11:28 AM, the surveyor asked the DA #2 what should you have done after touching dirty objects and before handling clean equipment? DE #2 stated, I should have washed my hands. 9. On 06/02/24 at 11:31 AM, the following food items on a shelf in the walk-in freezer had no date when opened to ensure first in and first out. a. Two boxes of cookies. b. A box of broccoli. c. An opened of pork fritters was not covered or sealed. d. The floor in the walk-in freezer had an accumulation of sheet of ice on it. Dietary Manager #1 and #2 stated, Water comes from under the ground whenever it rains. 9. On 06/02/24 at 12:13 PM, the temperature of the food item on the steamtable was checked and read by DA #2 with the following results: Fried chicken 110 degrees Fahrenheit. The above meat items were not reheated before served to the residents. 10. On 06/02/24 12:28 PM, DA #2 was wearing gloves on her hands when turned on the stove, contaminating the gloves. Without washing her hands and changing gloves, untied the bread bag and used her contaminated gloved hand to remove slices of bread and placed them on the tray. She unzipped the plastic bag that contained slices of cheese, removed slices of cheese with her contaminated hand and placed them on top of the slices of bread to be used in making grilled cheese sandwiches to be served to the residents who asked for grill cheese sandwich with their meal. The surveyor immediately asked the Dietary Employee what you should do after touching dirty objects and before handling food items? DA #2 stated, I should have change gloves and washed my hands. 11. A facility policy titled, Employee Cleanliness and Handwashing Technique/Dietary department employees are required to wash their hands on the occasions listed below: Before beginning shift after picking up anything from the floor and any other time deemed necessary.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Morningside Drive Conway, AR 72034	

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48630 Based on observations, interviews, and record review, the facility failed to ensure that bathroom call lights had pull strings in place to accommodate the residents needs to call for help while in the bathroom for 4 of 15 resident bathrooms observed for call lights. Findings include: During the initial tour on 06/02/2024 from 10:46 AM through 11:34 AM, the 400-hall had four out 15 shared bathrooms that were identified as not having a call light string attached to the call light system for residents to call for assistance. 1. A review of the Order Summary Report, indicated the facility admitted Resident #7 with diagnoses that included cognitive communication deficit, repeated falls, muscle wasting, and dementia. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/03/2024, revealed Resident #7 had a Brief Interview of Mental Status (BIMS) score of 9 which indicated the resident had moderate cognitive impairment. The MDS indicated the resident required maximal assistance for toilet transfer and required moderate assistance for toilet hygiene. Further review of the MDS indicated the resident was continent of bowel. A review of Resident #7's care plan revealed the resident had an activity of daily living (ADL) self-care performance deficit related to weakness. The facility developed interventions to include the resident required extensive assistance of one staff for toileting, but the resident was noted to toilet self independently at times. The care plan also identified the resident was at risk for fall with an intervention to ensure the call light was in reach. During an observation on 06/02/2024 at 11:04 AM, Resident #7's bathroom had a white emergency call box with a red switch located on the wall next to the toilet. There was no pull cord present in the hole within the red switch that would allow for a resident to call for assistance if the resident were on the bathroom floor. During an observation on 06/02/2024 at 3:07 PM, Resident #7's bathroom had a white emergency call box with a red switch located on the wall next to the toilet. There was no pull cord present in the hole within the red switch that would allow a resident to call for assistance if the resident were on the bathroom floor. During an observation on 06/03/2024 at 3:02 PM, Resident #7's bathroom had a white emergency call box with a red switch located on the wall next to the toilet. There was no pull cord present in the hole within the red switch that would allow a resident to call for assistance if the resident were on the bathroom floor. During an interview on 06/04/2024 at 1:43 PM, Resident #7 stated the only way to call for help in the bathroom was to pull down the switch but can only do that if the resident was sitting on the toilet. Resident #7 expressed that if they needed help and weren't sitting on the toilet, the resident would have to yell and wait for help since there was no string present. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Morningside Drive Conway, AR 72034	

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During a concurrent observation and interview on 06/04/2024 at 1:58 PM, Certified Nursing Assistant (CNA) #18 stated if residents need assistance while in the bathroom, they pull the bathroom call light cord. CNA #18 stated if there is no cord present in the bathroom, staff should stay with the resident for resident safety and staff should notify maintenance via the maintenance log, which is located at each nurse's station. At this time, CNA #18 confirmed the there was no pull string in place in Resident #7's bathroom and that the switch was activated but not notifying staff. During a concurrent observation and interview on 06/04/2024 at 2:15 PM, Licensed Practical Nurse (LPN) #19 verified at the time of the observation there was no pull string in Resident #7's bathroom. LPN #19 stated that no resident should be left in the bathroom unattended and that with no pull cord present in Resident #7's bathroom, the resident was unable to notify staff when help was needed. LPN #19 stated missing call light pull strings should be reported via the maintenance log, which was located at each nurse's station. A review of the facility Maintenance Request was reviewed from 02/11/2024 through 06/04/2024 and there were no entries related to call light strings for 400 hall. During an interview on 06/04/2024 at 2:19 PM, the Maintenance Director confirmed he was not aware of any missing pull strings in the residents' bathrooms and that maintenance should be notified via maintenance logs located at each nurse's station. The Maintenance Director was holding a call light string and a battery and stated he was on his way to fix a nonworking bathroom call light and string in Resident #7's room. 2. During an observation on 06/02/2024 at 10:49 AM, the bathroom in room [ROOM NUMBER] had a white emergency call box with a red switch located on the wall next to the toilet. There was no pull cord present in the hole within the red switch that would allow a resident to call for assistance if the resident were on the bathroom floor. During an observation on 06/03/2024 at 2:58 PM, the bathroom in room [ROOM NUMBER] had the same observation of the emergency call box without a cord present. 3. During an observation on 06/02/2024 at 11:15 AM, the bathroom in room [ROOM NUMBER] had a white emergency call box with a red switch located on the wall next to the toilet. There was no pull cord present in the hole within the red switch that would allow a resident to call for assistance if the resident were on the bathroom floor. During an observation on 06/03/2024 at 3:09 PM, the bathroom in room [ROOM NUMBER] had the same observation of the emergency call box without a cord present. 4. During an observation on 06/02/2024 at 2:59 PM, the bathroom in room [ROOM NUMBER] had a white emergency call box with a red switch located on the wall next to the toilet. There was no pull cord present in the hole within the red switch that would allow a resident to call for assistance if the resident were on the bathroom floor. During an observation on 06/03/2024 at 3:00 PM, the bathroom in room [ROOM NUMBER] had the same observation of the emergency call box without a cord present. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 06/04/2024 at 2:24 PM, the Director of Nursing (DON) was asked, How do residents call for assistance while in the bathroom? The DON stated if a resident needed assistance while in the bathroom, staff were notified by the resident activating the call light via the pull string. The DON stated the importance of the call light string being in place in the bathroom was to be able to activate when assistance is needed. On 06/04/2024 at 03:01 PM, the Director of Nursing (DON) stated the facility did not have a policy for call lights.