STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045317	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood-Lawn Heights	2800 Neeley Street Batesville, AR 72501

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	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. Based on observation, interview, and facility policy review, 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 one meal observed. The findings include: During an observation on 08/11/2025 at 5:55 PM, Certified Nursing Assistant (CNA) #5 used a #8 scoop, which was equal to 1/2 cup, to serve a single portion of regular shepherd's pie to the residents who received regular diets, and the residents who received mechanical soft diets, instead of 3/4 cup as per the menu. CNA #5 confirmed she should have used a 6-ounce scoop, which would have been equal to 3/4 cup, to serve the shepherd's pie to the residents on regular and mechanical diets. During a concurrent observation and interview on 08/11/2025 at 5:56 PM, CNA #5 used a #8 scoop, which was equal to 1/2 cup, to serve a single portion of pureed shepherd's pie to the residents who received pureed diets, instead of two #10 scoops, to equal to 2/3 cup as per the menu. CNA #5 stated that she should have served two #10 scoops of shepherd's pie to the residents on pureed diets. During an observation on 08/11/2025 at 6:00 PM, CNA #6 used a #8 scoop, which was equal to 1/2 cup to serve a single portion of shepherd's pie to the residents who received regular diets, and the residents who received mechanical soft diets, instead of 3/4 cup as per the menu. During an observation and interview on 08/11/2025 at 6:07 PM, CNA #3 used a #8 scoop, which was equal to 1/2 cup to serve a single portion of pureed shepherd's pie to the residents who received pureed diets, instead of two #10 scoops, to equal 2/3 cup as per the menu. In addition, no pureed bread was served to the residents on pureed diets. CNA #6 stated she did not use the right scoop to serve the shepherd's pie. During an interview on 08/11/2025 at 6:15 PM, this surveyor asked CNA #6 the reason dinner rolls were not served to the residents on pureed diets, as per the menu. CNA #6 stated the temperature on the pureed dinner rolls was above 41 degrees Fahrenheit. Therefore, she decided not to serve it to the residents because it was a cold food item. CNA #6 stated when she asked the Director of Nursing (DON) what she should have done. The DON stated it should have been sent back to the kitchen to be reheated. A review of the supper meal menu on 08/11/2025 indicated that the residents on regular diets were to receive a 3/4 cup of shepherd's pie which was equal to 6 ounces. During an interview with the Dietary Manager on 08/11/2025 at 6:25 PM, she stated that each unit (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045317	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood-Lawn Heights	2800 Neeley Street Batesville, AR 72501

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	had a menu specifying each food item and the scoop size to use when serving meals. A review of the supper meal menu on 08/11/2025 indicated that the residents on pureed diets were to receive a #16 scoop, which was equal to 1/4 cup, of pureed dinner roll.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045317	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood-Lawn Heights	2800 Neeley Street Batesville, AR 72501

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 facility policy review, the facility failed to ensure food items stored in the refrigerator, freezer, and the dry food storage area were covered or sealed to prevent potential food born illnesses; expired food items were promptly removed and discarded on or before the expiration date; and dietary staff washed their hands, before handling clean equipment or food items for one of one meal observed. The findings include: During a concurrent observation and interview on 08/11/2025 at 10:12 AM, this surveyor observed the following in the walk-in refrigerator: a. An opened and unsealed bag of burritos was on a shelf, which exposed it to cross contamination. The Dietary Manager (DM) confirmed the bag was not sealed, so she would throw it away. b. A box that contained 10 packages of bologna was on a shelf, with an expiration date of 07/10/2025. The DM acknowledged the expired meat items, so she would throw them away. c. Two containers of tuna salad were on a shelf, with an expiration date of 08/09/2025. The DM acknowledged the expired tuna salads and confirmed they should have been discarded During a concurrent observation and interview on 08/11/2025 at 10:35 AM, this surveyor observed an opened box of biscuits on a shelf in the walk-in freezer. The box was not covered or sealed, which exposed it to cross contamination. The DM confirmed the box should have been covered and sealed, once opened. During a concurrent observation and interview on 08/11/2025 at 10:37 AM, this surveyor observed the following on a shelf above the food preparation counter: a. An opened and uncovered container of salt, which exposed it to air, moisture, and potential pests. b. An opened and uncovered container of sugar cane, which exposed it to air, moisture, and potential pests. c. An opened and unsealed bag of brown sugar, which exposed it to air, moisture, and potential pests. During a concurrent observation and interview on 08/11/2025 at 10:41 AM, this surveyor observed the following in the storage room: a. An opened and unsealed box of breadcrumbs, which exposed them to air, moisture, and potential pests. The DM confirmed that bugs could crawl into the box. b. A box with a 3-gallon bag of lemonade on a shelf, with an expiration date of 03/09/2025. During a concurrent observation and interview on 08/11/2025 at 3:59 PM, this surveyor observed Dietary Aide (DA) #4 wash and sanitize the blender bowl, lid, and the blade in the three- compartment sink. After sanitizing the food processor equipment, DA # 4 turned off faucet with their bare hand, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045317	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood-Lawn Heights	2800 Neeley Street Batesville, AR 72501

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	contaminating her hand. Without washing her hands, DA #4 picked up a clean blade and attached it to the base of the blender to be used in pureeing food items for lunch. When DA #4 was ready to use the blender, this surveyor immediately asked DA #4 what she should have done after touching dirty objects and before handling clean equipment. DA #4 stated she should have washed her hands. A review of the facility policy titled, Handwashing Guidelines for Dietary Employees, indicated dietary employees should wash their hands after engaging in any activity that may contaminate the hands.