STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045361	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promenade Health and Rehabilitation	1101 S Promenade Boulevard Rogers, AR 72758

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. 42016 Based on observation, record review, and interviews, the facility failed to ensure a resident was free from the use of an unnecessary restraint for 1 (Resident #23) of 1 sampled resident reviewed for the use of restraints. Specifically, Resident #23 had a seat belt attached to a wheelchair and fastened around resident's waist preventing resident from standing. Findings include: A review of a facility policy titled, Use of Restraints, with a revised date 03/01/2022, indicated, Policy Statement Restraints shall only be used for the safety and well-being of the resident . shall only be used to treat the resident's medical symptom(s) and never for .the prevention of falls .2 .resident cannot remove a device in the same manner in which the staff applied it . and this restricts his/her typical ability to change position or place, that device is considered a restraint .4. Practices .prevent resident mobility are considered restraints .c. Placing a resident in a chair that prevents the resident from rising .6. Prior to placing a resident in restraints .pre-screening assessment and review to determine the need for restraints .9. Restraints shall only .written order of physician .a. The specific reason for the restraint (as it relates to the resident's medical symptom) .15. Should a resident not be capable of making a decision, the surrogate or sponsor may . (Note: The surrogate/sponsor may not give permission to use restraints .is not necessary to treat the resident's medical symptoms.) . A review of a facility document titled, Residents' [NAME] of Rights undated, indicated, Freedom from Abuse and Restraints As a resident you have the right to be: .Free from . and physical restraints except when authorized in writing by a physician for a specific and limited period of time and only to protect you from injury to yourself or others . A review of the Admission Record, indicated the facility admitted Resident #23 with diagnoses that included dementia, anxiety, intracerebral hemorrhage, polymyalgia rheumatica, and abnormalities of gait and mobility. A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/10/2024 revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 2 which indicated the resident had severe cognitive impairment. The resident had a wheelchair for mobility, was dependent on staff for toileting, bathing, dressing, footwear and personal hygiene and required substantial to maximum assistance for oral hygiene. No restraint use was indicated. (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: 045361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Promenade Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 S Promenade Boulevard Rogers, AR 72758	

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #23's Care Plan, revised, revealed the resident had Activity of daily living (ADL) self-care performance deficit related to dementia, and will not develop any complications from mobility deficits. Interventions included: 10/23/23 per order, check seatbelt on chair and have resident release every 2 hours for compliance. Date Initiated: 10/24/2023; 5/22/24 per order .Resident to have seatbelt per family request as personal reminder related to lack of safety awareness Date Initiated: 05/23/2024 .[Resident #23] is high risk for falls r/t [related to] Confusion, Gait/balance problems . 10/12/23 Fall out of wc [wheelchair] (undid wc seatbelt and stood up) .10/17/23 Fall from wc (undid wc seatbelt) . 10/17/23 fall from wc (undid wc seatbelt) . 10/22/23 Fall out of w/c (undid wc seatbelt and stood-up) . Interventions included: Fall mat, dump wc, [nonslip material] to wc, anti-rollbacks, non-skid socks, beveled edge mattress, fidget blanket, 1 hour checks, nurse and CNA (Certified Nursing Assistant) monitoring, redirection, offer snacks, provide independent activities, replace non-slip barrier to wheelchair, rearrange room fall mat to right side of bed, staff offer to transfer to chair in evening until bedtime, pommel cushion, seat belt, company companion. A review of the Order Summary Report, revealed Resident #23 had a verbal order to check resident's seatbelt is in place and secured every shift, dated 07/19/2024, with a start date of 07/23/2024. The order provided no further instruction on applying, removing, or monitoring the seatbelt. An order on 07/19/2024 indicated, Resident #23 was to have a seatbelt per family request as personal reminder related to lack of safety awareness. The order provided no additional instruction on a start date, applying, removing, or monitoring the seatbelt. A review of the Clinical Physician Orders revealed, Resident #23 had an order to check seatbelt on chair and have resident release every 2 hours, that was discontinued on 10/23/2023. An order to check resident's seatbelt is in place and secured every 2 hours was discontinued on 04/16/2024. An order to check residents seat belt is in place and secured every shift was discontinued on 07/23/2024. A review of the Medication Administration Record for July revealed, Check resident seat belt is in place and secured every shift with an order date of 07/19/2024. Checks were documented beginning on 07/23/2024 7P-7A shift through 7/24/2024 7P-7A shift; Check residents seatbelt is in place and secured every 2 hours with an order date of 02/05/2024 and a D/C (Discontinue) date of 07/03/2024. A review of a facility document titled, Physical Device Consent and Acknowledgement, with a revised date of 01/01/2015 indicated, Understanding Restraint Use revealed, Physical restraints are any manual method . adjacent to the resident body that the individual cannot remove easily and that restricts freedom of movement . Examples of what may be a restraint . wheelchair safety belts . Type of Device Recommended by Inter-Disciplinary Team . Trunk Restraint . x Safety Belt, not self-releasing . medical symptom for use of this device is: Confusion, forgetfulness . will this device improve the resident's ability to function . Safety awareness cue . IDT has determined the use of this devices is a . x Positioner . Consent For Device Use . x I Do . consent to the use of this device if the appropriate healthcare professional has assessed the need for such and the device is indicated as part of the recommended plan of care E-signed . on 2024-07-23 09:54:54 . Date: July 23, 2024 . Facility Staff Member: .E-Signed .on 2024-07-22 17:06:52 . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Promenade Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 S Promenade Boulevard Rogers, AR 72758	

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility assessment titled, Initial Assessment for Use of Physical Restraint, dated 05/18/2024 at 11:53 AM revealed the status of the assessment was, In Progress and no lock date was entered. Section A. indicated, Restraint use is only mandated if the resident is in imminent danger of injuring him/herself or others. Describe resident behavior prompting restraint use: .4. frequent falls, 5. sliding out of chair/wheelchair 6. unbuckles seatbelt 7. attempts self-transfer, 8. Oher 'resident is able to undo seat belt on command' B. Alternatives attempted . 4. High-low bed 5. 1:1 activities . Describe the reasons for the ineffectiveness of the alternatives 'resident is spontaneous and takes seat belt off and falls trying to self-transfer C. Decision to Restrain 1. State who decided to apply the restraint and the reason for it: 'family request' .2a. Was responsible party notified of the potential risks of restraint usage? If yes, describe . 'yes'. Date and time of notification: 3. Name and status of person providing explanation to family: 'DON / ADM' . Section D. Restraint Order was not completed. Initial Assessment for Use of Physical Restraint was not completed. A review of a Medical Director document titled, Progress Notes dated 10/12/2023 indicated, .primary encounter diagnosis was Hemorrhagic stroke ., and did not include documentation on falls, the safety belt, or a review of the safety belt. A review of a facility document titled, Comprehensive Fall Evaluation Form dated 11/05/2023 indicated, . Identify environmental hazards and individual resident risk of accident, including the need for supervision . Evaluate/analyze the hazards . Adequate Supervision to meet Resident needs . Implement interventions, including adequate supervision, consistent with the resident's needs . Diagnosis or pre-existing condition . and did not indicate monitoring devises as an intervention. A review of a Medical Director document titled, Progress Notes dated 11/17/2023 indicated, .Diagnosis .Falls frequently ., did not include documentation on a safety belt or review of the safety belt. A review of a Medical Director document titled, Progress Notes dated 02/02/2024 indicated, .Nursing Home Visit .admitted after [resident] was having falls and increased decline secondary to Alzheimer's .still getting around the facility with the use of [resident] wheelchair .Current problems . Falls frequently . Psychiatric/Behavioral: Positive for memory loss .has had two or more falls in the past year . and did not include documentation on the safety belt or a review of the safety belt. A review of a Medical Director document titled, Progress Notes dated 03/15/2024 indicated, .Difficult to ascertain whether [resident] is currently being affected .much more active around the facility .Current problems .Falls frequently . and did not include documentation on the safety belt or a review of the safety belt. A review of a Medical Director document titled, Progress Notes dated 05/10/2024 indicated, .family here today . Diagnosis . Falls frequently .Psychiatric/Behavioral: Positive for memory loss. The patient is nervous/anxious . and did not include documentation on the safety belt or a review of the safety belt. A review of a facility document titled, Promenade dated 06/07/2024, indicated, .New Order: Change diagnosis to Dementia . and did not include documentation on the safety belt or a review of the safety belt. A review of the facility progress notes from 01/01/2024 to 07/25/2024 revealed the following entries regarding the seat belt: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045361	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promenade Health and Rehabilitation	1101 S Promenade Boulevard Rogers, AR 72758

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	i) On 02/05/2024, a new order for a seatbelt with checks q (every) 2 hr. (hours). ii) On 03/23/2024 the note indicated the seat belt was broken and staff were doing frequent checks on the resident. A later note on 03/23/2024 indicated the resident's wheelchair was caught on the door jamb while entering an office and fell on to the floor with an intervention to keep office door closed when not occupied. iii) On 03/28/2024, a Weekly Subcommittee note indicated the resident had a fall on 03/27/2024 due to self unbuckling of the seatbelt. iv) On 04/11/2024, the Weekly Subcommittee note indicated the intervention was to toilet resident every hour while awake. A separate therapy note indicated the seatbelt was not fastened at the time of the fall and resident was able to immediately release the seatbelt when asked. v) On 04/16/2024, Resident #23 was found on the floor in front of their wheelchair, in another resident room, and had removed their seatbelt prior to incident. vi) On 04/18/2024 at 03:24 AM, the resident was found in the hallway on the floor in front of their wheelchair and had removed the seatbelt prior to the incident. The note stated, Resident to be assisted to bed after evening medications. vii) On 04/24/2024 indicated fall precautions in place . Poor safety awareness. It did not include seatbelt documentation. viii) On 07/01/2024 at 2:25 PM, Nurses Notes indicated staff discussed removal of seatbelt with family who agreed with decision to remove seatbelt. ix) On 07/17/2024 at 2:11 PM, the Weekly Subcommittee note indicated the resident had a fall on 7/13/2024 and an intervention of pommel cushion is in place and effective. The intervention for the fall that occurred on 7/15 was to return the seatbelt to the wheelchair and offer to go to bed after dinner. During a concurrent observation and interview on 07/22/2024 at 12:48 PM, Resident #23 was sitting upright in a wheelchair, using hands to pull on railings and table to propel wheelchair. Resident #23's shirt was raised and black textured belt strap, fastener with red and white label and loop holding the tail of strap, was visible. Certified Medication Aide (CMA) #4 stated it was a wheelchair belt used to keep resident from falling and remind resident to remain seated. It does not prevent the resident from falling and it does not restrain [resident] because at times the resident unfastens the belt, attempts to stand and falls. During an interview on 07/25/2024 at 8:29 AM, Certified Medication Aide (CMA) #4 stated Resident #23 was unstable during transfers and had falls. The family requested the seatbelt about 4 months ago to prevent the resident from falling on the floor face first when moving forward. When asked what the benefit of the seatbelt was, CMA #4 stated there is no benefit from the seatbelt except possibly preventing injury during a fall. The belt is on when the resident is in the wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045361	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promenade Health and Rehabilitation	1101 S Promenade Boulevard Rogers, AR 72758

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 07/25/2024 at 8:46 AM, Resident #23 was self-propelling a wheelchair in the hall, while holding hands with the Infection Control Preventionist (ICP), seat belt is in place. The ICP stated the seatbelt is a reminder to hopefully trigger, on a good day, that [Resident #23] needs assistance to stand and is used per family request. The ICP denied it is considered a restraint and nothing really reminds the resident not to stand, because the resident wants to be independent. The family has been educated that the resident has a right to fall and a right to stand, and they insist the resident has the belt. The IPC stated if a resident is unable to remove the seat belt they could be stuck in the chair or be injured. The IPC asked the resident to remove the seatbelt three times. Three times the resident was unable to remove the seat belt. The IPC asked the resident to remove the seatbelt three times. Twice Resident #23 held the belt in their hands, tugged on the tail of the seatbelt. Once the resident stated, No. During a concurrent observation and interview on 07/25/2024 at 9:09 AM, the IPC asked Resident #23 to remove the seatbelt three times. Resident #23 did not respond and made no attempt to remove the seat belt. The IPC asked Resident #23 if they would like to walk or stand, and Resident #23 stated No. Resident #23 became visibly upset. The IPC stated Resident #23 is able to remove the belt when she wants to. During an interview on 07/25/2024 at 9:12 AM, the Director of Nursing (DON) stated the belt was off a month ago with other interventions in place. There was a discussion with the family, they thought the belt was effective, and wanted it on as a reminder to sit down. The DON stated Resident #23 was able to remove the belt themself and that it is a reminder. The resident's family member releases the belt when they are here.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045361	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promenade Health and Rehabilitation	1101 S Promenade Boulevard Rogers, AR 72758

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. 49866 Based on observation, interview, and policy review, the facility failed to ensure opened food was dated for food service safety in 1 of 1 kitchen. The failed practice had the potential to affect all 85 residents. Specifically, the facility failed to date an opened bag of salad mix. The findings are: On 07/22/2024 at 11:00 AM, the surveyor observed an 18 ounce bag of salad mix opened in the refrigerator with no date on it. The Dietary Manager took the bag and placed it in a box of other salad mixes. On 07/23/2024 at 10:05 AM, the District Dietary Manager and this surveyor observed the same bag of salad mix without a date on the bag. At 10:10 AM, the Dietary Manager pulled out the salad bag and showed the top of bag and reported that he had placed the date there the day before, but no visible date was observed. The Dietary Manager removed the bag at that time to place a date on the bag. On 07/24/2024 at 10:35 AM, an interview with the Dietary Manager revealed that all items should be dated upon opening, and all employees are responsible for dating food when opening food. The Dietary Manager also reported that it is important to date all food once it is opened to ensure that it does not go bad. On 07/24/2024 at 11:44 AM, an interview with the Infection Preventionist revealed that all items should be dated the day the food is opened. It is important so that residents are not served out-of-date food and get sick. All dietary employees are responsible for dating opened food, but the dietary manager is responsible for ensuring that it is done. On 07/24/2024 at 11:50 AM, an interview with the Director of Nursing (DON) revealed that foods are to be dated as soon as they arrive and opened. It is important to date opened food to see if it is old and if bacteria is growing in it and to see if it is within date. Anyone that opens food should be the one to date the food. A facility policy titled Food Storage: Cold Foods stated, .5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER: Promenade Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 1101 S Promenade Boulevard Rogers, AR 72758	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 42016 Based on observation, interview, and record review, the facility failed to ensure staff performed hand hygiene when providing resident meal trays to the residents who eat in their room and receive meals from the dining room on the 100 Hall; failed to ensure hand hygiene was performed between residents, and failed to ensure staff did not touch medication with bare contaminated hands for 1 (Resident #31) of 2 sampled residents observed during medication pass to prevent the potential spread of infections. Findings include: A review of a facility policy titled, Handwashing/Hand Hygiene, dated 07/17/2012, indicated, Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation . 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents .7. Use an alcohol-based hand rub . soap . and water for the following situations .p. Before and after assisting a resident with meals . A review of a facility Course Completion History titled, Infection Control: Basic Concepts Self-Paced dated 07/23/2024, indicated Certified Nursing Assistant (CNA) #3 completed the training on 05/23/2024 with a score of 100. A review of a document titled Infection Control: Basic Concepts Self-Paced, dated 2021, indicated, .Section 2: Concepts of Infection Control .Hand Hygiene is the most important intervention to reduce the transmission of infections and the first component of standard precautions. Hand hygiene is a general term that describes hand washing .or the use of alcohol-based hand rub (ABHR) to destroy harmful pathogens, such as bacteria or viruses, on the hands. You should always perform hand hygiene .After touching a patient or their immediate environment .In addition, you must wash your hands: Before eating, preparing, handling or serving food . During an observation on 07/22/2024 at 12:27 PM, Certified Nursing Assistant (CNA) #3 opened a silver insulated meal cart, removed a meal tray, and closed the cart door. CNA #3 then entered a resident's room, placed the meal tray on an overbed table in front of a resident. CNA #3 then exited the room and returned to the insulated meal cart. CNA #3 opened the meal cart and removed a meal tray and closed the cart door. CNA #3 served the meal tray to a resident, returned to the meal cart, opened the door, removed a meal tray, closed the door and served the meal tray to a resident. CNA #3 did not perform hand hygiene prior to or after serving meal trays to the residents. During an interview on 07/22/2024 at 12:43 PM, CNA #3 stated staff are only required to sanitize if I touch something with another person. CNA #3 stated, the facility here, they don't push it on us. CNA #3 stated the only items touched were the meal trays, and the handle of the food cart and did not know who touched the handle of the cart prior to the cart being brought to the hall. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promenade Health and Rehabilitation	1101 S Promenade Boulevard Rogers, AR 72758

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/24/2024 at 8:58 AM, the Director of Nursing (DON) stated the Infection Control: Basic Concepts Self-Paced training included Hand Washing/Hand Hygiene training. Hands should be washed or sanitized during meal service after every tray to prevent the spread of bacteria and infections to residents. 39316 Review of a facility policy titled, Administering Medications, dated 11/25/2017, indicated, Medications shall be administered in a safe and timely manner, and as prescribed .22. Staff shall follow established facility infection control procedures (e.g., handwashing, antiseptic techniques, gloves, isolation precautions, etc.) for the administration of medications, as applicable . Review of a facility policy titled, Handwashing/Hand Hygiene, dated 07/17/2012, indicated, This facility considers hand hygiene the primary means to prevent the spread of infections .7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. Before and after direct contact with residents; c. Before preparing or handling medications; .l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident . A review of an Admission Record, indicated the facility admitted Resident #31 with a diagnosis that included chronic obstructive pulmonary disease (COPD). A review of Resident #31's Physician Orders for the month of 07/2024, revealed an order, dated 12/15/2022, for amlodipine (blood pressure), 10 milligram (mg), one tablet daily for hypertension. A review of Resident #31's Physician Orders for the month of July 2024, revealed orders, dated 12/15/2022, for cholecalciferol (vitamin d), one tablet daily; and loratadine (allergy medication), one tablet daily. On 07/23/2024 at 9:34 AM, Licensed Practical Nurse (LPN) #1 was observed to administer medications to Resident #232. LPN #1 left Resident #232's room and did not perform hand hygiene. On 07/23/2024 at 9:36 AM, Licensed Practical Nurse (LPN) #1 gathered medication bottles from the top of the medication cart and placed them on top of the medication cart. LPN #1 did not perform hand hygiene. LPN #1 removed Resident #31's cards of medications, an inhaler, and liquid medication and placed them on top of the medication cart. LPN #1 gathered medications and a cup of water and knocked on Resident #31's door. LPN #1 opened the door with her right bare hand and entered the room. LPN #1 placed the cup of pills to the resident lips and dumped the medicine cup of pills into the resident's mouth. LPN #1 offered Resident #31 a drink of water using a straw. One single white tablet/pill fell on to Resident #31's chest/shirt. With her bare right hand, LPN #1 picked the white tablet/pill off of Resident #31's shirt, and placed the pill into the resident's mouth, and continued to administer water to the resident. On 07/23/2024 at 9:48 AM, an interview with Licensed Practical Nurse (LPN) #1 revealed LPN #1 could not describe what the process was for dropping the resident's medication and administering the medication with her bare hands. LPN #1 replied, I shouldn't have done that, but I did. During the interview, LPN #1 was asked why medication should not be administered with bare hands, and LPN #1 revealed, There is a lot of reasons, but I shouldn't have done that. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promenade Health and Rehabilitation	1101 S Promenade Boulevard Rogers, AR 72758

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with Licensed Practical Nurse (LPN) #2 on 07/24/2024 at 10:59 AM, revealed LPN #2 would Discard the medication like it fell on the floor, if a pill fell out of a resident's mouth during medication administration and landed on the resident's shirt, and that hand hygiene is performed before and after each resident to protect the spread of bacteria to the resident, and that the resident is not protected and possibly entering infections orally if the nurse administers a pill they picked up with their bare contaminated hands. An interview with the Infection Control Preventionist (ICP) on 07/24/2024 at 11:05 AM, revealed the ICP would Glove up and discard the medication and re-administer it, if the pill fell out of the resident's mouth during medication administration, and that hand hygiene is performed before and after and in between residents to protect the residents, and that the resident would not be protected and it wasn't good practice, if the nurse administered a pill orally to a resident they picked up with their contaminated bare hand. An interview with the Director of Nursing (DON) on 07/24/2024 at 11:10 AM, revealed the DON would discard the pill and pop a new one if a pill fell out of a resident's mouth during medication administration and landed on the resident's shirt, and that hand hygiene is performed before and after medication administration to prevent the spread of bacteria to the resident, and residents are not protected if the nurse administers a pill orally to a resident they picked up with their contaminated bare hand.