STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045365	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dewitt Nursing Home	1605 South Madison St DE Witt, AR 72042

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interviews and facility policy review, the facility failed to ensure expired over the counter (OTC) medications were removed from active medication storage and disposed of to prevent administration to residents, for one of one OTC medication storage cabinet reviewed. The findings include: During an observation of the medication storage room on 02/19/2026 at 11:50 AM, expiration dates were checked for OTC medications. The following medications were in storage with medications in active rotation to be administered to the residents and found to be expired: - Two unopened cough and congestion elixir bottles, with a manufacturer's expiration date of 01/2026. - Two unopened calcium medication bottles, with a manufacturer's expiration date of 09/2025. - One unopened acid reducer medication bottle, with a manufacturer's expiration date of 01/2026. These medications were removed from the cabinet by Licensed Practical Nurse (LPN) #1 and taken to the Director of Nursing's (DONs) office to be disposed of. The DON and Administrator were notified of the concern when LPN #1 took the medications to the DONs office. During an interview on 02/19/2026 at 12:19 PM, LPN #1 verified the expired medications she removed during this observation were taken to the DON for her to dispose of. She stated, if the DON was not at work, and expired OTC medications were found on the medication cart, the nurses would pour them into a sharp's container. LPN #1 stated nursing staff would then report the expired medications to the DON. She then revealed that the DON was usually the person that stocked the medications and checked the expiration dates at the time of stocking, but the nurses helped the DON watch for expired items. During an interview on 02/20/2026 at 12:14 PM, the DON stated she ordered OTC medications, and when the medications were delivered, I stock them and check for expirations at that time. I see that I missed some while stocking OTC medications are stocked frequently. The DON stated if staff found expired prescription and narcotic medications, they would pull them out of the cabinet and place them in a locked cabinet in the medication room until they were sent back to pharmacy, but with OTC medications, they would pour them in a sharp's container. The DON confirmed that OTC medications were disposed of in a sharp's container. The DON stated, if night shift staff found an expired medication and not a narcotic, they would let me know the next morning. If it was a narcotic, they would call the pharmacy to reorder while locking up the expired narcotic until the next morning to turn (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045365	A. Building B. Wing	02/20/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in when I get to work. Nurses were the only staff to know the code for the medication room. During an interview on 02/20/2026 at 12:41 PM, the Administrator stated OTC medication expiration dates were checked by the DON, and all nursing staff. If the nursing staff found any expired medications, they would take them to the DON so she could destroy them by pouring them into a sharp's container. She understood the expired medications were found and the DON was destroying them. The Administrator then stated the medications were kept behind a locked door and in a locked cabinet in the storage room. A review of an undated facility policy, Storage of Medications, revealed the facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.