

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  The Villages of General Baptist Health Care West		STREET ADDRESS, CITY, STATE, ZIP CODE  6810 South Hazel Street Pine Bluff, AR 71603	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37634</p> <p>Based on observations, interviews, and record reviews, it was determined that the facility failed to ensure food was served in a timely manner for 1 (Resident #5) of 2 (Residents #5 and #6) sampled residents observed in the dining room.</p> <p>The findings are:</p> <p>A review of an Order Summery Report indicated Resident #5 had a diagnosis of unspecified protein-calorie malnutrition.</p> <p>The Quarterly Minimum Data Set with an Assessment Reference Date of 03/01/2024 revealed Resident #5's cognitive skills for daily decision making were severely impaired per a Staff Assessment for Mental Status.</p> <p>On 05/22/2024 at 12:00 PM, Resident #5 was sitting at the feed assist table. Resident #5 hadn't received the resident's meal tray, and most of the residents in the dining room had finished their meal.</p> <p>During an interview on 05/22/2024 at 12:19 PM, the Dietary Manager was asked, Can you tell me why [Resident #5] hasn't been served a lunch tray? She stated, I don't know how [Resident #5] got missed.</p> <p>During an interview on 05/22/2024 at 12:19 PM, the Assistant Director of Nursing (ADON) was asked, Can you tell me why [Resident #5] hasn't been served a lunch tray? She stated, I don't know how [Resident #5] got missed.</p> <p>On 05/22/2024 at 12:20 PM, Restorative Aide #2 sat at the feeding table in front of Resident #5. Restorative Aide #3 stated, I just made it back from taking a resident to an appointment.</p> <p>On 05/23/2024 at 2:42 PM, the ADON indicated that Resident #5 should not have to wait long periods of time to be fed.</p> <p>On 05/23/2024 at 2:58 PM, the Administrator indicated that the facility doesn't have a policy on passing food in a timely manner.</p>

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
---	-------	-----------