

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2026
NAME OF PROVIDER OR SUPPLIER St Johns Place of Arkansas, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Hwy 79/167 Bypass Fordyce, AR 71742	
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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Honor the resident's right to manage his or her financial affairs. Based on interviews, record reviews, facility document review, facility policy review, it was determined that the facility failed to identify and act upon interruptions in monthly funds being deposited into a resident's trust fund after assuming responsibility to act as a fiduciary of the resident's funds for one (Resident #1) of three residents. The findings include: A review of Resident #1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 04/08/2026 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) of 5, indicating severe cognitive impairment. A review of Resident #1's Medical Diagnosis report revealed Resident #1 has diagnosis of type 2 diabetes mellitus, hypertension, major depressive disorder, anxiety, altered mental status, and dementia. A review of Resident #1's Care Plan revealed the resident resided in the facility's secure unit, was at risk for elopement/wandering, was disoriented to place, and had impaired safety awareness. Resident #1 had a communication problem related to dementia and disorientation. A review of Resident #1's admission Agreement revealed that on July 1, 2020, the resident's Power of Attorney (POA) assigned income to the facility as is necessary for payment of all charges incurred relating to Resident's care. The POA also elected, in writing, for the facility to manage Resident #1's personal funds and to receive funds on the resident's behalf for the facility to deposit into a Resident Trust Account. A review of Resident #1's Patient Trust Fund (PTF) account ledgers revealed the resident had been receiving a social security check and two pension checks, one in the amount of \$115.08 and one in the amount of \$60.15 for a total pension income of \$175.23. -Beginning in December 2025, the pension checks were not received by the facility and were not deposited into the Resident #1's PTF account. -On 11/30/2025, Resident #1's PTF account had a balance of \$963.96. -On 5/31/2026, the balance of Resident #1's PTF account had decreased to \$138.78. A review of Resident #1's Correspondence Payment Summary revealed pension payments from November 16, 2021, January 1, 2022, November 1, 2022, Identified the amount of pension payment from the financial institution was \$115.08 and \$60.15 and that 1099's for years 2022, 2023, and 2024 (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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2026
NAME OF PROVIDER OR SUPPLIER St Johns Place of Arkansas, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Hwy 79/167 Bypass Fordyce, AR 71742	
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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	were mailed to Resident #1 at the facility address. During an interview on 06/15/2026 at 2:17 PM, the Business Office Manager (BOM) stated that on May 27, 2026, the BOM noticed the resident's pension checks had not been deposited into Resident #1's PTF account since December 2025. The BOM stated the total amount that had not been deposited between December 2025, and May 2026 was \$1,051.38. The BOM stated they did not notice anything when the checks stopped coming in December 2025 because the resident still had enough to pay the bills and had funds left in the account. -The BOM said Resident #1 received three checks each month, a social security check and two pension checks, which were paper checks that the facility had received on behalf of the resident. The BOM said the facility then deposited the paper checks into the PTF account each month. -The BOM stated Resident #1's total income was \$1,947.23, out of which the resident paid their patient liability to the nursing home, paid \$148.00 for their vision/dental insurance each month, and the resident was allowed to keep \$40.00 each month. The BOM stated the facility had been paying the resident's dental/vision premium from the resident's PTF account, with a total of \$888.00 had been paid over the 6-month period to the insurance company. -The BOM stated the amount of interest Resident #1 would have drawn each month was affected by the checks not being deposited and the depletion of the account balance each month because the interest was being paid on less money. -The BOM stated their responsibilities related to managing a residents' monies were to make sure the residents' room and board were paid, their insurance benefits were paid, and to make sure they get to keep their \$40.00 for their personal needs. The BOM stated they did not manage Resident #1's money appropriately but tried to fix the oversight as soon as it was discovered. -The BOM stated they were responsible for managing the resident's accounts, which included reconciling the account each month. As a result, the BOM stated they should be aware of transactions going into and out of the residents' accounts. The BOM stated if the facility had received checks each month and then the checks just stopped coming, they should have contacted the POA and asked if they had received the checks. -The BOM stated the first time they contacted the POA about Resident #1's checks not arriving at the facility on May 27, 2026. The BOM stated they had left a voice mail for the POA, but the POA did not return their call and that is when the facility opened an investigation. The BOM stated the investigation revealed the checks had been mailed to the resident's former physical address, where one of the resident's POAs currently resides. The BOM stated this occurred when the financial institution that had managed the Pension Fund changed hands. During an interview on 06/16/2025 at 12:30 AM, the Administrator stated their process for when funds aren't received from a payor source would be to reach out and find out why the resident was not getting whatever payment they were supposed to be getting. The Administrator stated she was notified of the issue when the BOM was talking with the DHS Eligibility Specialist and the BOM stated the DHS Eligibility Specialist said the facility needed to do a report for misappropriation of property. The Administrator stated the facility should have identified the checks not being received and deposited between December of 2025 and May of 2026. The Administrator stated they should have identified it by looking at the residents' PTF and looking for money depletion. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2026
NAME OF PROVIDER OR SUPPLIER St Johns Place of Arkansas, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Hwy 79/167 Bypass Fordyce, AR 71742	
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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During a phone interview with DHS Eligibility Specialist on 06/16/2026 at 1:35 PM, the DHS Eligibility Specialist stated they noticed in May 2026 that the money had stopped being input into the resident's account in December 2025, so they called the nursing home and asked if the resident was still getting the income. The DHS Eligibility Specialist informed the BOM that the facility had to find out where the money was going. The DHS Eligibility Specialist stated the BOM told them the facility had contacted a family member and the retirement people to find out where the money was going. The DHS Eligibility Specialist said they were under the understanding from the BOM that the family was going to pay back the money. A payment was made on 06/08/2026 for the amount of \$273.23, leaving \$778.15 that was not returned. The DHS Eligibility specialist stated DHS had approved the Medicaid renewal application and counted the income back to the resident. During a follow-up interview on 06/16/2026 at 3:58 PM, the BOM reported they had informed one of Resident #1's POAs that the monies had to come back to the facility, and they were sending a bill to the other POA who resides at the address where the checks were mailed. The BOM stated the correct course of action would have been to identify the discrepancy, call the POA, and inquire about changes in the deposits. The BOM stated they first noticed Resident #1's monies were depleting in May, at which time a voicemail was left with one of the resident's POAs, informing them that the pension checks were not coming to the facility and the resident would not have enough money to pay the June bill if the checks did not come back to the facility. The DHS Eligibility Specialist called a few days later and asked if it had been noticed Resident #1's checks were not going into the resident's account. During an interview on 06/17/2025 at 10:31 AM, the Administrator stated the BOM and Administrator are responsible for ensuring an accurate management and accounting of residents' monies are being completed. The Administrator said the PTF accounts should be reviewed and balanced each month. The Administrator stated it is important to manage and account for a resident's monies going into and out of the PTF accounts to make sure the residents have funds. The Administrator stated when the facility accepts the responsibility of managing a resident's funds and a check that is scheduled to be received at the facility does not arrive the facility should reach out to the one who is supplying the check and figure out why it is not being delivered. The Administrator stated this should be done as soon as we are made aware of it. The Administrator stated the facility should have noticed the first month Resident #1's checks did not arrive at the facility. The Administrator stated they did not hold, safeguard, and manage the account for Resident #1's personal funds deposited with the facility properly. A review of a facility undated policy titled, Management of Resident and Elder Trust Accounts. Indicated, Quote Protection and management of Resident/Elder funds. If the Resident/Elder presents written authorization, the nursing facility shall hold, safeguard and manage, and account for the Resident/Elders personal funds deposited with the nursing facility. The nursing facility has established and maintains a system that assures a full, complete and separate accounting of funds entrusted to the nursing facility on the Resident/Elder's behalf. The accounting system is established according to generally accepted accounting principles .Ledger and bank accounts are reconciled monthly.		