

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 06/13/2024
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)
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>48390</p> <p>Based on record review and interview, the facility failed to ensure residents with a trust account had access to their personal funds after business hours and on weekends. This failed practice had the potential to affect 64 residents who had trust accounts managed by the facility; and failed to ensure resident trust account funds were reimbursed back to the resident/resident representative within 30 days of discharge this failed practice affected one resident.</p> <p>1. On 06/12/2024 at 9:50 AM, the surveyor asked Resident #38 who handles their money. Resident #38 indicated the facility. The surveyor asked Resident #38 if the resident was able to get money on the weekends? Resident #38 stated No, the [Business Office Manager (BOM)] goes to the bank on Tuesday, so we have to request money on Monday.</p> <p>2. On 06/12/2024 at 3:04 PM, the BOM was asked if petty cash was left with the charge nurse on the weekend? The BOM indicated no. The BOM indicated that they have never left money on the weekends for the residents. The BOM indicated that she goes around on Thursday and checks with the residents and sees if they need any money for the weekend she will go to the bank on Friday.</p> <p>3. On 06/12/2024 at 3:04 PM, the BOM asked if the residents have access to their money on the weekends. The BOM stated No.</p> <p>4. Resident A on the [Facility Name] Trust Current Account Balance passed away on 02/06/2024. Resident A had a balance of \$515.77.</p> <p>5. On 06/12/2024 at 3:04 PM, the BOM was asked when funds were supposed to be refunded or returned after someone discharges from the facility. The BOM indicated 30 days.</p> <p>6. On 06/13/2024 at 11:13 AM, the Administrator was asked when funds were supposed to be refunded or returned after a resident discharged from the facility. The Administrator indicated 30 days.</p> <p>7. On 06/12/2024 at 3:04 PM, the BOM was asked about Residents B, C, D and E on the [Facility Name] Trust Current Account Balance, have balances and in [Facility Computer Software] these residents show up under the New tab, they are not current residents. The BOM indicated that she has worked here four years and these residents (Resident's B, C, D and E) have not been residents here. BOM indicated all she could think of was that someone came up and put money in their account and they never came and admitted to the facility.</p> <p>(continued on next page)</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
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. On 06/13/2024 at 11:13 AM, the Administrator was asked about Residents B, C, D and E on the [Facility Name] Trust Current Account Balance. The Administrator indicated that he did not know how these residents ended up in the New tab of [Facility Computer Software]. The Administrator was asked if any of these residents had resided in this facility. The Administrator indicated that he wasn't sure, but he was sure they hadn't in the last four years since he had been here.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48977</p> <p>Based on observation, interviews and facility policy reviews, the facility failed to ensure 1 (Resident #44) sampled resident was not misdiagnosed with a psychological disorder and receive treatment with medication for a condition that was not present.</p> <p>The finding include:</p> <p>Resident #44 had a diagnosis of dementia and schizoaffective disorder depressive type.</p> <p>Resident #44 had a Physician's Order for Quetiapine Fumarate (an atypical antipsychotic used to treat schizophrenia, bipolar disorder, and depression) Oral Tablet 25 milligrams (MG) two times a day for dementia severe with mood disturbance and schizoaffective disorder depressive type.</p> <p>The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/14/2024 documented Resident #44 scored 2 (0-7 indicates severe cognitive impairment) on a Brief Interview of Mental Status (BIMS) and had schizophrenia and non-Alzheimer ' s dementia. The Admission MDS with an ARD of 12/10/2020 documented Resident #44 did not have a diagnosis of schizophrenia.</p> <p>A Care Plan for Resident #44, revision date 03/19/2023, revealed Resident #44 used an antidepressant medication related to schizoaffective disorder depressive type and insomnia.</p> <p>On 06/12/2024 at 12:30 PM, during an interview the Director of Nursing (DON) voiced to the Surveyor that Resident #44 did not have a diagnosis schizoaffective. The DON voiced that she was informed by the current Advanced Practice Nurse (APN) that Resident #44's family member was upset and disagreed with the dose reduction with Resident #44's medication and that the previous APN entered the diagnosis of schizoaffective in to please the family member. The DON stated schizoaffective was not a true diagnosis and she was instructed by the current APN to remove the diagnosis. The Surveyor asked the DON if she was stating that Resident #44 was misdiagnosed . The DON stated, Yes.</p> <p>On 06/13/2024 at 10:35 AM, during an interview the DON voiced that a resident should not be diagnosed with a psychological disorder for the purpose of prescribing a medication, but she was not employed at the facility when this happened.</p> <p>On 06/13/2024 at 11:07 AM, the Surveyor was provided with a policy titled, Organizational Aspects that did not address the deficient practice.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>48977</p> <p>Based on observation, interviews and facility policy review, the facility failed to ensure activities were provided to the Residents on the secured unit despite having an activities calendar in place designed for Residents with cognitive impairment.</p> <p>The findings include:</p> <p>On 06/10/2024 at 10:20 AM, the Surveyor observed Residents sitting in the common area with the television on, but the Residents did not appear to be watching the television. The Surveyor observed the Residents with their heads down, touching other Residents, picking at their clothing, and/or getting up and being told to sit down.</p> <p>On 06/10/2024 at 1:21 PM, the Surveyor observed several Residents sitting in the common area with the television on, but the Residents did not appear to be watching the television.</p> <p>On 06/12/2024 at 10:45 AM, the Surveyor observed Residents sitting in the common area with the television on, but the Residents did not appear to be watching the television.</p> <p>On 06/12/2024 at 1:53 PM, the Surveyor observed Residents sitting in the common area with the television on, but the Residents did not appear to be watching the television. The Surveyor observed Certified Nursing Assistant (CNA) #9 asked the Residents if they were ready for activities, then sat in a chair next to a desk in the common area.</p> <p>On 06/12/2024 at 2:30 PM, the Surveyor observed Residents sitting in the common area with the television on, but the Residents did not appear to be watching the television. The Surveyor observed CNA#9 sitting in a chair next to a desk in the common area. The Surveyor did not observe any ongoing activities.</p> <p>On 06/12/2024 at 2:40 PM, during an interview CNA #9 asked the Surveyor what was sit to stand when asked if sit to stand activity had been performed today. CNA #9 voiced that the Activity Director was responsible for doing activities with the Residents.</p> <p>On 06/12/2024 at 2:50 PM, during an interview the Activity Director voiced that the aides on the hall were responsible for doing activities with the Residents on the secured unit because the activities for the Residents on the secured unit was scheduled at the same time as the other Residents in the facility. The Activity Director voiced that there was an activity calendar posted on the secured unit with suggested time.</p> <p>On 06/13/2024 at 11:06 AM, during an interview the Director of Nursing (DON) voiced the Activity Director was responsible for doing activities with the Residents on the secured unit not the aide, because they have enough to do, and that watching television was not considered an activity if the Residents are not engaged or showing interest in watching the television.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/13/2024 at 11:07 AM, review of a policy provided to the Surveyor titled, Activity Programs stated, Activities. The nursing facility provides an ongoing program of Resident/Elder activities/meaningful engagement. Activities will be varied in nature and should be designed to meet the individual needs, interests, and limitations, of Residents/Elder's comprehensive assessment and in conjunction with the Residents/Elder's requests. This includes all Residents/Elders that are bedfast, ambulatory, and disabled. These activities should provide meaningful engagement, mental, social, and spiritual stimulation. The nursing facility will support the Residents/Elders with resources and supplies they need to participate in the program. Activity director/leader. The activity program is directed by a qualified individual who has completed a training course approved by the State. The activity director should be aware of the Residents/Elders' strengths, limitations, and develop activity plans on an individual and group basis .</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48977</p> <p>Based on observation, interviews, and facility policy review, the facility failed to ensure a housekeeping cart used to store harmful chemicals was locked when not in use by staff.</p> <p>The findings include:</p> <p>On 06/10/2024 at 10:02 AM, the Surveyor observed an unattended housekeeping cart unlocked on the secured unit.</p> <p>On 06/10/2024 at 11:16 AM, the Surveyor observed a Resident standing at the housekeeping cart without staff in sight.</p> <p>On 06/10/2024 at 10:18 AM, Housekeeping Staff #9 voiced she had walked away to get something. Housekeeping Staff #9 confirmed the unattended housekeeping cart was not locked and that one of the Residents could get inside the housekeeping cart.</p> <p>On 06/13/2024 at 10:42 AM, Housekeeping Supervisor voiced that the housekeeping cart should be locked at all times, when not in use it is the facility policy and that cognitive impaired Residents could get in the cart and mistakenly ingest the chemicals stored inside, which was more likely to occur on the secured unit.</p> <p>On 06/13/2024 at 11:07 AM, review of a policy titled, Accident Hazards Prevention revealed, Resident Environment. The environment will be free from accidents hazards as is possible . An effective way for the facility to avoid accidents is to develop a culture of safety and commit to implementing systems that address resident risk and environmental hazards to minimize the likelihood of accidents. A facility with a commitment to safety: 1. Acknowledges the high-risk nature of its population and setting .Demonstrates a commitment to safety at all levels of the organization .</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>Based on observation, record review and interview, the facility failed to ensure fluids were maintained within reach to promote good hydration for 1 (Resident #1) of 1 sample mix resident.</p> <p>The findings are:</p> <p>Resident #1 was admitted on [DATE] and has a diagnosis of Urinary Tract Infection (UTI).</p> <p>The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/31/2024 revealed Resident #1 is a partial/ moderate assistance with documented Eating: The ability to use suitable utensils to bring food and/ or liquid to the mouth and swallow food and/ or liquid once the meal is placed before the resident- Partial/ moderate assistance.</p> <p>On 06/11/2024 at 9:03 AM, the Surveyor interviewed Resident #1 in the resident's room and asked, Do staff provide you with a water pitcher every day? Resident #1 stated, No, there ain't no drinks. The Surveyor did not observe a water pitcher in the resident's room, or fluids in the resident's mini refrigerator.</p> <p>On 06/11/2024 at 3:36 PM, the Surveyor observed Resident #1 lying in bed with eyes closed. No water pitcher was in the resident's room, and no fluids were in the mini refrigerator in the room.</p> <p>On 06/12/2024 at 9:26 AM, the Surveyor interviewed Certified Nurse Aide (CNA) #6 at the resident's room and asked, How do you ensure the resident is provided with adequate fluids? She stated, I give them water every time we go into the room, ask if they want a drink, or ice. When asked, Should fluids always be at the residents bedside? She stated, Yes. When asked, Can you tell me why Resident #1 didn't have a cup at her bedside? She stated, No.</p> <p>On 06/12/2024 at 9:32 AM, the Surveyor interviewed Licensed Practical Nurse (LPN) #7 and asked, How do you ensure the resident is provided with adequate fluids? She stated, I take them water. We do monthly labs . and if they are bad, we do fluids of normal saline. When asked, Should fluids always be at the resident's bedside? She stated, Yes, CNAs pass ice every two hours or as needed. If I'm passing meds [medications], if they need it, I'll get it. When asked, Can you tell me why Resident #1 has no cup at the bedside? She stated, No ma'am.</p> <p>The facility policy titled, Assisted Nutrition and Hydration with a Copyright date of 2023 documented, Policy Residents within the facility will maintain adequate parameters of nutritional ad hydration status, to the extent possible, to ensure each resident is able to maintain the highest practicable level of well-being. Guidelines 1. The facility will: a. Provide nutritional and hydration care and services to each resident, consistent with the resident's comprehensive assessment. 2. Based on the resident's comprehensive assessment, the facility will ensure each resident .Is offered sufficient fluid intake to maintain proper hydration and health .</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>48977</p> <p>Based on observations, interviews, and facility policy reviews, the facility failed to ensure 1 (Resident #44) sampled Resident was free from unnecessary psychotropic medication.</p> <p>The finding include:</p> <p>Resident #44 had a diagnosis of dementia and schizoaffective disorder, depressive type.</p> <p>Resident #44 had a Physician's Order for Quetiapine Fumarate (an atypical antipsychotic used to treat schizophrenia, bipolar disorder, and depression) Oral Tablet 25 milligrams (MG) two times a day for dementia severe with mood disturbance and schizoaffective disorder depressive type.</p> <p>The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/14/2024 documented Resident #44 scored 2 (0-7 indicates severe cognitive impairment) on a Brief Interview of Mental Status (BIMS) and had schizophrenia and non-Alzheimer ' s dementia. The Admission MDS with an ARD of 12/10/2020 documented Resident #44 did not have a diagnosis of schizophrenia.</p> <p>A Care Plan for Resident #44, revision date 03/19/2023, revealed Resident #44 used an antidepressant medication related to schizoaffective disorder depressive type and insomnia.</p> <p>A Pharmacy Monthly Medication Review (MMR), with the effective date 05/17/2024, documented, please consider a gradual dose reduction or tapering the dose of this medication, Quetiapine Fumarate Oral Tablet 25 MG 1 tablet by mouth two times a day, in an effort to determine optimal dose or if it may be unnecessary for this resident. The Attending Physician/Prescribing Practitioner documented continue current medication regimen with no changes. Clinical rationale provided documented that Resident #44 will need to continue current medication dosage of Seroquel due to Schizoaffective disorder (DO). [Resident] continues to have periodic behaviors. Due to fear of exacerbation/worsening, will need to continue with current medication dosage.</p> <p>On 06/12/2024 at 12:30 PM, during an interview the Director of Nursing (DON) voiced to the Surveyor that Resident #44 did not have a diagnosis schizoaffective. The DON voiced that she was informed by the current Advanced Practice Nurse (APN) that Resident #44's family member was upset and disagreed with the dose reduction with Resident #44's medication and that the previous APN entered the diagnosis of schizoaffective in to please the family member. The DON stated schizoaffective was not a true diagnosis and she was instructed by the current APN to remove the diagnosis. The Surveyor asked the DON if she was stating that Resident #44 was misdiagnosed ? The DON stated, Yes.</p> <p>On 06/13/2024 at 10:35 AM, the DON voiced that a Resident should not be prescribed an antipsychotic medication without a psychological disorder.</p> <p>On 06/13/2024 at 11:07 AM, the Surveyor was provided with a policy titled Organizational Aspects that did not address the deficient practice.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48977</p> <p>Based observations, interviews, and facility policy review, the facility failed to ensure medication carts were locked and secure when untended and out of the line of sight of the nurse and controlled medications were stored in separately locked, permanently affixed compartment in the refrigerator to prevent misappropriation of medications.</p> <p>The findings include:</p> <p>1. On 06/10/2024 at 12:30 PM, the Surveyor observed Registered Nurse (RN) #10 walk away from the unlocked medication cart and enter a Resident's room with her back turned to the hallway where the medication cart was placed.</p> <p>a. On 06/10/2024 at 12:33 PM, Registered Nurse #10 confirmed the medication cart was unlocked while unattended.</p> <p>b. On 06/13/2024 at 10:32 AM, the Director of Nursing (DON) voiced an unattended medication cart not within view of the nurse should be locked. The DON voiced that the Residents and staff can get medication out of the medication cart if the medication cart was left unlocked while unattended.</p> <p>2. On 06/11/2024 at 2:40 PM, the Surveyor noted the locked medication box used to store refrigerated controlled medications was on a shelf in the refrigerator not permanently affixed. The Surveyor observed controlled medications inside the locked box for the Residents and the emergency kit.</p> <p>a. On 06/11/2024 at 2:45 PM, Licensed Practical Nurse (LPN) #11 confirmed the lock box used to store refrigerated controlled medications was not affixed and was able to be removed from the refrigerator by the Surveyor.</p> <p>b. On 06/13/2024 at 11:07 AM, the Surveyor was provided a policy titled Medication Storage in the Facility that documented, „Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medications aides) permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access .</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>03508</p> <p>Based on observation, record review, and interview, 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 1 of 1 meal observed. This failed practice had the potential to affect 22 residents who received regular diets and 7 residents who received pureed diets as documented on a list provided by the Dietary Manager on 06/10/2024 at 9:40 AM.</p> <p>The findings are:</p> <p>1. The menu for the breakfast meal documented the residents on regular diets were to receive 3/4 cup of hot cereal and residents on pureed diets were to receive #8 scoop (1/2 cup) of hot cereal.</p> <p>A. On 06/12/2024 at 7:19 AM, Dietary [NAME] (DC) #4 used a 2 ounce red spoon to serve a single portion of oatmeal to the residents on regular diets. The menu specified 3/4 cup of hot cereal for each resident on regular diets.</p> <p>B. On 06/12/2024 at 8:00 AM, the Surveyor asked DC #4, What scoop size did you use to serve regular oatmeal? She stated, I used the red spoon, two ounce spoon. The Surveyor asked, What size a blue spoon was? DC #2 stated, A two ounce spoon. The Surveyor asked how many servings were given to each resident on regular diets. DC #4 stated, I gave one serving each.</p> <p>c. On 06/12/2024 at 8:01 AM, the Surveyor asked DC #4, What scoop size did you use to serve the pureed oatmeal? She stated, I used the orange spoon. The Surveyor asked, What size is the orange spoon? DC #2 stated, A two ounce spoon. The Surveyor asked how many servings were given to each resident on regular diets. DC #4 stated, I gave one serving each.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure foods stored in the freezer were covered and sealed to maintain freshness and decrease the potential for cross contamination who received meals from 1 of 1 main kitchen; dietary staff washed their hands before handling clean equipment or food items to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen; hot food items were not maintained at or above 135 degrees Fahrenheit on the steam table while awaiting service to prevent potential food borne illness for the residents who received meals from 1 of 1 kitchen. These failed practices had the potential to affect 67 residents who received meals from the Kitchen (Total Census: 69), according to the list provided by the Dietary Manager on 06/12/2024 at 9:40 AM. The findings are:</p> <p>1 On 06/11/2024 at 9:24 AM, the following observations were made in the walk-in freezer:</p> <p>a. An opened box of corn dogs was on a shelf in the freezer. The box was not covered or sealed.</p> <p>b. An opened box of mixed vegetables was on a shelf in the freezer. The box was not covered or sealed.</p> <p>2. On 06/11/2024 at 9:35 AM, Dietary Aide (DA) #1 picked up the water hose with her bare hand, used it to spray leftover food from inside of the dishes, contaminating her hands. She placed the dirty dishes in the dirty racks and pushed the racks into the dish washing machine to wash. After the dishes stopped washing, she moved to the clean side of the dishwasher area and picked up clean dishes and placed them on the clean utility cart to be used in serving the noon meal to the residents. The Surveyor asked her immediately, What should you have done after touching dirty objects and before handling clean equipment and food? She stated, I should have washed my hands.</p> <p>3. On 06/11/2024 at 11:33 AM, Dietary [NAME] (DC) #2 turned on the hand washing sink faucet and washed her hands. DC #2 then turned off the faucet with her bare hands, contaminating them. Without washing her hands, DC #2 picked a clean blade and attached it to the base of the blender to be used in pureeing food items to be served to the residents on pureed diets. The Surveyor asked, What should you have done after touching dirty objects and before handling clean equipment and food? She stated, I should have washed my hands.</p> <p>4. On 06/11/2024 at 11:43 AM, Dietary Aide (DA) #3 turned on the hand washing sink and washed her hands. She then used her bare hand to turn off the sink, contaminating her hands. Without washing her hands, DA #3 picked a clean blade and attached it to the base of the blender to be used in pureeing food items to be served to the residents on pureed diets. The Surveyor asked DA #3, What should you have done after touching dirty objects and before handling clean equipment and food? She stated, I should have washed my hands.</p> <p>5. On 06/11/2024 at 12:01 PM, the temperature of the pureed bread with milk when checked and read on the table by the DA #2 was 100 degrees Fahrenheit. The pureed bread with milk was not reheated before being served to the residents.</p> <p>(continued on next page)</p>		

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 06/13/2024
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. The facility policy titled, Personal Hygiene, provided by the Dietary Manager on 06/12/2024 at 9:40 AM documented, .Wash hands carefully with soap and water whenever they become soiled, immediately before work in the morning . after handling raw unwashed food and dirty dishes; before touching food, clean dishes and silverware .</p>