STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045409	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Grove Health and Rehabilitation, LLC	621 South Mock Street Prairie Grove, AR 72753

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 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37878 Based on interview and record review, the facility failed to provide a written notice of a facility-initiated discharge for 1 (Resident #111) of 2 sampled residents reviewed for discharge. The findings are: Review of Resident #111's Admission Record revealed the resident was admitted to the facility on [DATE] with diagnoses of traumatic brain bleed and dementia with psychotic disturbance. According to the Admission Minimum Data Set with an Assessment Reference Date of 01/08/2024, the resident scored 8 on a Brief Interview for Mental Status indicating moderate cognitive impairment. Review of the Final Discharge Summary dated 02/29/2024, revealed Resident #111 was transferred to an inpatient psychiatric facility for treatment and from that facility was discharged home. During an interview on 06/20/2024 at 11:55 PM, the Administrator reported the facility was unable to keep Resident #111 safe due to continued suicidal ideations and repeated attempts of self-harm even after inpatient psychiatric stay. The Administrator stated the resident representative was informed verbally that the facility could not keep the resident safe and would not be able to readmit to the facility. The Administrator confirmed the facility provided a written transfer to the hospital notification to the resident representative but failed to notify the resident representative in writing of facility-initiated discharge due to not being able to meet the resident's safety needs. On 06/20/2024 at 1:57 PM, the Administrator provided a policy titled, Discharge/Transfer Letter. Upon review, the policy contained a statement and instructions for items to be included in the written notice of transfer or discharge, the reason for transfer or discharge, the effective date of transfer or discharge, and the location to which the resident is transferred or discharged .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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. 49981 Based on observation, interview, and record review, it was determined that the facility failed to ensure kitchen equipment and surfaces were clean and clean dishes were stored properly. Findings include: 1. On 06/17/2024 at 11:15 AM, during the initial tour of the facility's kitchen, the Surveyor looked to the right of the kitchen door and saw there was a food blender sitting on a table. The table the blender was sitting on had a light brown runny substance that covered a 4 inch by 6 inch area. There was a metal kitchen ladle sitting on the table. The Dietary Aide (DA) brought over bread slices and a gallon of milk and began putting the bread and milk in the processor. The DA then turned the machine on to blend the food. 2. On 06/17/2024 at 11:20 AM, during an initial brief tour of the facility's kitchen, the Surveyor asked the Dietary Manager (DM) to slide the grease traps out. The DM slid the left side out and it had a piece of aluminum foil over it. On the top of the foil was mostly black in color with clumps of brown and black substance all over the top. The DM immediately took the foil off and discarded it stating, That needs to be cleaned. 3. On 06/17/2024 at 11:24 AM, the Surveyor walked to the right of the stove where dishes were stacked. The bowls were stored in an upright position instead of inverted. The Surveyor asked the DM if the dishes were clean. The DM stated, Yes, those are clean. 4. On 06/19/2024 at 11:33 AM, just before observing food puree, the Dietary Aide (DA) placed a barrier down for scoop and lid on the left of the blender. To the right side of the blender, there were light brown clumps or crumbs of an unknown substance. The DA then brought the food and placed it in the blender and began to blend. Once the DA finished blending the food, the DA washed the blender in preparation for another food to puree. While the DA was washing the blender, another dietary aide came over and wiped the clumps off that were on the right side of the blender. 5. On 06/19/2024 at 11:40 AM, a bread toaster was observed on a shelf underneath the blender. The toaster was covered in tiny light colored clumps or crumbs. There were also two skillets observed on the top of the stove being stored upright instead of inverted. a. On 06/19/2024 at 2:20 PM, the Surveyor asked the DM why it is important to keep grease traps on the stove clean. The DM stated to keep the stove from catching on fire. The DM was asked how often the grease trap is checked and cleaned. The DM stated that it is supposed to be checked at the end of each day. b. On 06/19/2024 at 2:22 PM, the Surveyor asked the DM why it is important to keep clean dishes stored upside down. The DM said to keep from contaminating them. The DM was asked why it's important to keep kitchen equipment clean. The DM said for infection control. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	c. On 06/19/2024 at 2:30 PM, the DM provided a copy of the in-service staff were provided on 5/15/2024 regarding coffee maker, food temperatures, proper thawing methods, labeling and dating, and utensil usage. d. On 06/19/2024 at 2:49 PM, the Administrator provided a copy of the policy for kitchen equipment cleaning, Policy 027. The policy stated, .1. All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials. 2. All staff members will be properly trained in the cleaning and maintenance of all equipment. 3. All food contact equipment will be cleaned and sanitized after every use. 4. All non-foods contact equipment will be clean and free of debris. 5. The Dining Services Director will submit requests for maintenance or repair to the Administrator and/or Maintenance Director as needed. 6. The Dining Services Director will notify the Administrator when repairs are completed. 7. Copies of service repairs and preventative maintenance reports will be submitted monthly.