

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  830 Canal Street Marion, AR 72364	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49689</b></p> <p>Based on record review and interview, the facility failed to accurately indicate hospice care and dialysis on Section O of the Minimum Data Set (MDS) for 1 (Resident #75) of 2 sampled residents for hospice and 1 (Resident #34) of 1 sampled resident for dialysis.</p> <p>The findings are:</p> <p>1. A review of an Order Summary Report, indicated the facility admitted Resident #75 with diagnoses of dementia, cognitive communication deficit, need for assistance with personal care, and reduced mobility.</p> <p>A review of an Order Summary Report, indicated an order to admit to hospice with a diagnosis of senile degeneration of brain active as of 10/02/2024.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/17/2025, revealed Resident #75 had a Staff Assessment for Mental Status (SAMS) which indicated the resident was moderately cognitively impaired for daily decision making. A review of Section J 1400 revealed that Resident #75 had a prognosis with a life expectancy of six months or less. A review of Section O revealed that Hospice was not marked for Resident #75.</p> <p>Review of Resident #75's Care Plan, initiated on 10/03/2024, revealed that Resident #75 had requested palliative care and had chosen hospice; the goal is to keep the resident comfortable this review period.</p> <p>On 02/06/2025 at 7:55 AM, during an interview the MDS Coordinator reviewed Resident #75's quarterly MDS and confirmed that Section O was not marked for Hospice. The MDS Coordinator continued stating, I know the resident is on Hospice, should be marked yes for Hospice Care. The MDS Coordinator stated that the MDS is important, as the information goes on the care plan to let the staff know how to care for the resident.</p> <p>2. Review of Resident #34's Admission Record, noted the resident had an initial admitted [DATE].</p> <p>Review of Resident #34's Order Summary Report, noted dialysis was provided on Monday, Wednesday, and Friday.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #34's quarterly MDS with an ARD of 01/18/2025 with a Brief Interview for Mental Status (BIMS) score of 10 (08-13 indicates moderately cognitively impaired). Under Section O, Special Treatments, Procedures, and Programs, noted Dialysis, No.</p> <p>On 02/06/2025 at 09:28 AM, during an interview- with the MDS Coordinator regarding Resident #34's quarterly MDS, the MDS Coordinator confirmed Resident #34 was currently receiving dialysis. She also confirmed dialysis should be marked yes, and it was currently marked no under section O.</p> <p>On 02/06/2025 at 8:09 AM, during an interview the Director of Nursing (DON) stated that a correct MDS was important to let the staff know how to care for the residents.</p> <p>50923</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50923</p> <p>Based on record review and interview, the facility failed to ensure a Preadmission Screening and Resident Review (PASARR) was completed prior to admission to ensure the resident received the needed care and services in the most appropriate setting for 1 (Resident #6) of 1 sampled resident whose records were reviewed for the PASARR screening information.</p> <p>The findings are:</p> <p>Review of Resident #6's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 01/09/2025 noted a Brief Interview for Mental Status (BIMS) score of 10 (08-13 indicates moderately cognitively impaired). Under the Active Diagnosis (Section I), sub section Psychiatric/Mood Disorder, Psychotic Disorder 15950 (other than schizophrenia) is selected. Under the Neurological sub section, non-Alzheimer's Dementia 14800 is also selected.</p> <p>Review of Resident #6's Admission Record, noted the resident was initially admitted on [DATE].</p> <p>Review of Resident #6's electronic medical record- did not contain PASARR documentation is noted.</p> <p>During an interview with the Social Director on 02/05/2025 at 11:30 AM, this surveyor requested a PASARR for Resident #6. The Social Director stated she could not locate it.</p> <p>During an interview with the Director of Nursing (DON) on 02/05/2025 at 3:52 PM, this surveyor requested a PASARR for Resident #6. She confirmed staff could not locate it in the chart or in the facility.</p> <p>On 02/06/2025 at 12:05 PM, this surveyor reviewed Resident #6's electronic medical records and discovered Division of Medical Services (DMS) Form 703 Med Needs Application was submitted on 2/6/2025.</p> <p>On 02/06/2025 at 3:45 PM, the DON provided a PASARR dated 2/6/2025.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49689</p> <p>Based on observation, interviews, and record review it was determined that the facility failed to document and complete a person-centered care plan to facilitate the ability to plan and provide necessary care and services for 3 (Residents #92, #104, and #107) of 30 sample mixed residents whose care plans were reviewed.</p> <p>The findings included:</p> <p>1. A review of Resident #104's Admission Record, with a date of 08/07/2024, indicated the facility admitted Resident 104 with diagnoses that included hyperlipidemia (high levels of fat particles in the blood) and Covid-19 (Corona Virus 19).</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/15/2024, revealed Resident #104 had a Brief Interview for Mental Status (BIMS) score of 12 (8-12 indicates moderately cognitively impaired.)</p> <p>Review of Resident #104's care plan, initiated 08/07/2024, revealed the resident did not have person-centered activities, Covid-19 or isolation precautions care planned as well as interventions for each one.</p> <p>A review of Resident #104's, Order Summery Report, revealed an order for: Isolation Precautions: Airborne Isolation related to COVID-19 every shift for 5 Days, order date 01/30/2025, start date 02/03/2025, end date 02/08/2025.</p> <p>A review of Resident #104's Medical Diagnoses indicated a diagnosis of Covid-19 on 01/30/2025.</p> <p>On 02/03/2025 at 3:56 PM, this surveyor observed Resident #104 in the resident's room with a COVID door sign and a Personal Protective Equipment (PPE) container outside of the door. Isolation bins were observed for both linen and trash inside the resident's room.</p> <p>During an interview with the MDS Coordinator on 02/06/2025 at 1:24 PM, she confirmed activities and COVID-19 should be on the care plan.</p> <p>2. A review of Resident #107's Admission Record with a date of 09/13/2024 indicated the facility admitted Resident #107 with a diagnosis of dementia (a group of thinking and social symptoms that interferes with daily functioning.)</p> <p>The quarterly MDS with an ARD of 01/13/2025 revealed Resident #107 had a BIMS score of 4, (0-7 indicates severely cognitively impaired.)</p> <p>A review of Resident #107's Urine Culture Lab dated 01/25/2025 revealed the resident was positive for ESBL in the urine.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #107's, Care Plan, initiated 09/13/2024, revealed the resident did not have person-centered Extended-spectrum beta-lactamase (ESBL) an antibiotic-resistant bacterium, or contact precautions care planned as well as interventions for each one.</p> <p>During an interview with the MDS Coordinator on 02/06/2025 at 1:24 PM, she confirmed ESBL and contact precautions should be on the care plan.</p> <p>3. A review of the Order Summary Report, indicated the facility admitted Resident #92 with diagnoses that included chronic obstructive pulmonary disorder, acute and chronic respiratory failure with low oxygen, and bronchitis.</p> <p>A review of the Order Summary Report indicated these orders for Resident #92: [antibiotic medication name] Table 250 MG given by mouth one time for cough and congestion for four days, with a start day of 02/01/2025 and end date of 02/05/2025 and Mucus Relief Tablet 400 MG give one tablet by mouth two times a day for cough and congestion for five days with a start date of 01/31/2025 and end date of 02/05/2025.</p> <p>The quarterly MDS with an ARD of 01/18/2025 reveals that Resident #92 had a BIMS of 12 (indicates moderate cognitive impairment).</p> <p>A review of the Care Plan initiated on 09/25/2024, revealed that no interventions were added to the care plan for antibiotics with resident having increased cough and congestion.</p> <p>A review of the Progress Notes revealed on 01/30/2025 stated, All test were negative. chest x-ray showed no significant findings. Advanced Practical Nurse with new orders for z-pack for cough and congestion.</p> <p>A review of the progress notes revealed on 02/01/2025, No side effects or adverse reactions from antibiotic from upper respiratory infection. Occasional cough and congestion noted.</p> <p>On 02/06/2025 at 7:55 AM, the MDS Coordinator reviewed Resident #92's care plan and confirmed that interventions were not added for upper respiratory infections. The MDS Coordinator stated that it should have been added to the care plan, so staff were made aware of any additional things they need to do for that resident.</p> <p>On 02/06/2025 at 8:09 AM, during an interview the Director of Nursing (DON) stated that when a resident was on antibiotics for an upper respiratory infection it was a change in condition and should be added to the care plan so the staff knows how to care for them.</p> <p>51477</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>50682</p> <p>Based on interview, record review, facility document review, and facility policy review, the facility failed to ensure 1 (Resident #25) of 4 sampled residents reviewed for neglect received adequate supervision and assistance to prevent accidents. Specifically, the facility failed to ensure 2 staff members transferred Resident #25 using the appropriate lift based on Resident #25's needs and care plan which resulted in Resident #25 sustaining a dislocated right shoulder. It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.25 (Quality of Care) at a scope and severity of J.</p> <p>The IJ began on 12/18/2024 at approximately 8:45 AM. While CNA #1 was transferring Resident #25, the resident began to complain of pain in their right arm. CNA #1 called for help and CNA #10 came into the room and assisted CNA #1 with transferring Resident #25 into the wheelchair. CNA #1 notified Registered Nurse (RN) #11 that Resident #25 was complaining of pain. RN #11 assessed the resident and noted the resident was still complaining of pain in the right shoulder. RN#11 notified the Nurse Practitioner and received an order for pain medication and an order to get a mobile x-ray due to the continued complaint of pain. The mobile x-ray company arrived at the facility around 10:16 AM and completed the x-ray. The Medical Director was at the facility when the results of the x-ray were received. The Medical Director gave an order to RN#11 for the resident to be sent to the emergency room (ER) for evaluation due to the results of the x-ray and continued complaints of pain. The ambulance arrived at the facility around 10:53AM and transported Resident #25 to the ER. At approximately 11:15 AM RN#11 received notification from the ER that Resident #25's right shoulder was dislocated.</p> <p>The Administrator was notified of the Past Noncompliance Immediate Jeopardy (IJ) on 2/6/2025 at 12:40PM. The facility implemented corrective actions which were completed prior to the State Agency's entry into the facility; thus, it was determined to be a Past Noncompliance citation.</p> <p>The facility had implemented the following corrective actions to correct the deficient practice effective 12/30/2024:</p> <ol style="list-style-type: none"> <li>1. 12/19/2024, all residents re-assessed for transfer status by DON (Director of Nursing). Start date:12/19/2024. Completion date:12/30/2024. Comments: facility staff reviewed ADL/Transfer report to ensure all residents have appropriate transfer status documented.             <ol style="list-style-type: none"> <li>a. 02/06/2025- Facility provided evidence of all residents being re-assessed for transfer status prior to survey.</li> </ol> </li> <li>2. 12/19/2024, All care plans reviewed by DON and updated as needed to ensure accuracy. Start date: 12/29/2024 Completion date: 12/27/2024. Comments: Care Plans reviewed by MDS coordinator are ongoing.             <ol style="list-style-type: none"> <li>a. 02/06/2025- Care plans were updated and the facility provided evidence of in services on following the individual care plans.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. 12/19/2024, an in service for all clinical staff started by the DON on following the individual care plan for transfer status and how to use the kiosk. Start date: 12/19/2024 Completion date: 12/26/2024. Comments: in services in progress.</p> <p>a. 02/06/2025- Facility provided evidence of in services on following the individual care plans.</p> <p>4. 12/19/2024, the DON/designee began staff transfer/lift competency check off. Start date: 12/19/2024. Completion date: 12/26/2024.</p> <p>a. 02/06/2025- Facility provided evidence of staff transfer/lift competency check offs.</p> <p>5. 12/19/2024, the DON/designee started monitoring transfers of 5 residents twice a week for 4 weeks to ensure transfers are being completed correctly and safely. Start date: 12/19/2024. Completion date: ongoing.</p> <p>a. 02/06/2025-Facility provided evidence of monitoring transfers of 5 residents twice a week.</p> <p>The findings are:</p> <p>1. Review of a facility's undated policy titled Accident Hazards Prevention indicated, Residents will receive adequate supervision and assistance devices to prevent accidents. The resident will be assessed upon admission and through the Minimum Data Set (MDS) process to individualize care plan interventions.</p> <p>a. A review of Resident #25's Admission Record revealed the resident was admitted to the facility with a diagnosis of a stroke.</p> <p>b. A review of Resident #25's quarterly MDS with an Assessment Reference Date (ARD) of 12/04/2024, revealed the resident was assessed with a Brief Interview for Mental Status (BIMS) score of 3, (0-7 indicates severe cognitive impairment).</p> <p>c. Review of Resident #25's Care Plan, updated 10/2/2024, revealed the resident was to be transferred with a mechanical lift with two staff assisting.</p> <p>d. Review of a facility incident report dated 12/19/2024 indicated Certified Nursing Assistant (CNA) #1 was transferring Resident #25 and failed to use the correct lift and proper amount of assistance (number of staff), causing the resident ' s right shoulder to be dislocated.</p> <p>e. A review of the hospital Summary Episode Note, dated 12/29/2025, revealed in the section Imaging Narrative Note identified the significant finding was that Resident #25's right shoulder was dislocated</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>f. During an interview on 2/5/2025 at 12:20 PM, CNA #10 stated she remembered the incident. She was asked to describe what happened. She stated when she heard CNA #1 calling for help, so she went to help. CNA #10 stated CNA #1 had the sit-to-stand lift instead of the mechanical lift that was supposed to be used for Resident #25 and that CNA#1 did not have another employee assisting. CNA #10 said the resident was sliding to the floor, so CNA #1 and CNA #10 lowered Resident #25 to the floor to prevent the resident from falling. CNA #10 stated they (CNA #1 and CNA #10) lifted the resident by sliding their arms under the resident's arms and holding on to the back of the resident's pants. CNA #10 stated they (CNA #1 and CNA #11) sat the resident into the wheelchair. CNA #10 was asked how she knew which lift and how many people Resident #25 required for transfers. CNA #10 said the care plan identifies which lift and how many people are required to assist.</p> <p>g. During an interview with RN #11 on 2/5/2025 at 1:00 PM, she said she remembered the incident of Resident #25's shoulder being injured. She was asked to describe what happened. RN #11 said that on 12/19/2025 she heard Resident #25 hollering out due to pain. She stated after she assessed Resident #25, notified the Nurse Practitioner, received an order to get a mobile x-ray, and that the x-ray results revealed that Resident #25's right shoulder was dislocated. She said the Medical Director was at the facility and gave an order for Resident to be sent to the ER for evaluation of right shoulder pain. RN #11 was asked how CNAs would know which lift to use and how many people Resident #25 required the assistance of for transfers. RN #11 stated the care plan for Resident #25 identifies what kind of lift and how many people are required for a safe transfer.</p> <p>h. During an interview with the DON on 2/6/2025 at 10:45 AM, she confirmed the residents' care plans identified which type of lift is required and how many people are required for a safe transfer. The DON also confirmed that CNA #1 did not read the care plan and did not utilize the correct lift and the correct amount of people. The DON stated this failed practice resulted in an injury to Resident #25's right shoulder.</p> <p>i. During an interview with the Administrator on 2/6/2025 at 11:10 AM regarding Resident #25, she confirmed that CNA #1 did not read the care plan and did not utilize the correct lift and the correct amount of people. The Administrator stated this failed practice resulted in an injury to Resident #25's right shoulder.</p> <p>49689</p> <p>-The following was also cited under F689 at a lower severity.</p> <p>The facility also failed to ensure aerosols, medications, perfumes, and creams were not easily accessible to a resident to prevent accidental exposure for the 15 residents on the 100 Hall and 1 (Resident #93) of 8 sampled residents.</p> <p>2. A review of the facility policy titled, Accident Hazards Prevention, stated, Resident Environment. The environment will be free from accident hazards as is possible; 3. Engages all staff, residents and families in training on safety, and promotes ongoing discussions about safety with input from staff at all levels of the organization.</p> <p>(continued on next page)</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51477</p> <p>Based on observation, interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to ensure over-the-counter medications, and a narcotic medication prescribed to Resident #71, stored in the medication carts were not expired for 2 of 2 medication carts sampled.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Medication Storage in the Facility, dated 1/1/2015, indicated All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner. Controlled substances remaining in the facility after the order has been discontinued or the resident has been discharged are retained in the facility in a securely locked area with restricted access until destroyed.</p> <p>A review of Resident #71's Admission Record, initiated on 10/02/2020, indicated the facility admitted Resident #71 with Parkinson's disease without dyskinesia, without mentions of fluctuations (disorder of central nervous system that affects movement).</p> <p>The annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/2025, revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of 13, (13-15 indicates cognitively intact.)</p> <p>Review of Resident #71's care plan, initiated 04/03/2023, revealed the resident was at risk for pain. Interventions included administer pain medications as ordered/needed. Notify MD [Medical Director]/Practitioner if not effective.</p> <p>On 02/04/2025 at 3:10 PM, this surveyor observed Registered Nurse (RN) #21 during inspection of medication cart #1. This inspection revealed 6 medications that were expired. Medications found that were out of date were (Name Brand) Regular Strength Antacid/anti-gas medication; (Name Brand) Multipurpose Nail Repair, Docusate Calcium (stool softener) 240 milligrams, two calorie and protein dense nutritional drinks 2.0 Cal 237 milliliters, Extended Release Acetaminophen 650 milligrams, and Active Liquid Protein 887 milliliters.</p> <p>On 02/04/2025 at 3:30 PM, this surveyor observed RN #17 during inspection of medication cart #2. This inspections revealed 7 medications that were expired. Medications found that were expired were Acetaminophen 500 milligrams, Extended Release Acetaminophen 650 milligrams, Aspirin 81 milligrams, Ibuprofen 200 milligrams, Milk of Magnesium 1200 milligrams, Aspirin 325 milligrams, and Morphine 20 milligrams/milliliter solution (this medication was prescribed to Resident #71).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  830 Canal Street Marion, AR 72364	
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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>During an interview with RN #11 on 02/05/2025 at 11:30 AM, she confirmed that when there was an order to discontinue or change an order for medications, those medications were taken to the medication room and stored in a container. She confirmed that narcotics were given to the Assistant Director of Nursing (ADON) and the ADON recorded the medication in a logbook. She revealed that she notified the ADON and DON if there was a change in medication.</p> <p>During an interview with the ADON on 02/05/2025 at 11:37 AM, she confirmed that she handles the discontinued narcotics. She confirmed that any expired medications, discontinued medications, over the counter (OTC) medications from the medication carts were pulled from the carts, taken to the medication room, and the pharmacist destroyed them. The ADON confirmed the pharmacist did a match back from the medication destruction book and the medication card and then destroyed them. She confirmed if a narcotic had expired, or the resident had been discharged, the medication was removed, double signed in the narcotic book, and removed from the medication cart. She completed a form and put the resident's name on the form along with the dosage, strength, prescriber, and how much medication was left for surrendering. She revealed two people placed the medications along with the form in a box and send them back to the state for destruction.</p> <p>During an interview with the DON on 02/05/2025 at 11:43 AM, she confirmed that over the counter medications, and prescribed medications were taken to the medication room and listed in the destruction book, placed in a locked trash can, then the pharmacist destroyed them. The DON confirmed she had a drawer that was double locked in her office for expired narcotic medications. She revealed the medication stayed locked in her office until the pharmacist came to the facility, or they have two people to verify the information and send it back to the pharmacy to be destroyed.</p> <p>A review of the Acetaminophen capsules or tablets Safety Data Sheet, revised 8/14/2023 revealed, To get rid of medications that are no longer wanted or have expired: Take the medication to a medication take-back program. Ask your pharmacy or law enforcement to find a location. If you cannot return the medication, check the label or package insert to see if the medication should be thrown out in the garbage or flushed down the toilet. If you are not sure, ask your care team. If it is safe to put it in the trash, empty the medication out of the container. Mix the medication with cat litter, dirt, coffee grounds, or other unwanted substances. Put it in the trash.</p> <p>A review of the Acetaminophen Extended Release tablets Safety Data Sheet, revision on 8/14/2023, reveals To get rid of medications that are no longer needed or have expired: Take the medication to a medication take back program. Check with your pharmacy or law enforcement to find a location. If you cannot return the medication, check the label or package insert to see if the medication should be thrown out in the garbage or flushed down the toilet. If you are not sure, ask your care team If it is safe to put it in the trash, empty the medication out of the container. Mix the medication with cat litter, dirt, coffee ground or other unwanted substance. Seal the mixture in a bag or container. Put it in the trash.</p> <p>(continued on next page)</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>A review of the Aluminum Hydroxide Magnesium Hydroxide Simethicone Safety Data Sheet, revision on 12/11/2024, reveals contain aspirin, ibuprofen, naproxen. Always read labels carefully. To get rid of medications that are no longer needed or have expired: Take the medication to a medication take-back program. Check with your pharmacy or law enforcement to find a location. If you cannot return the medication, check the label or package insert to see if the medication should be thrown out in the garbage or flushed down the toilet. If you are not sure, ask your care team. If it is safe to put it in the trash, empty the medication out of the container. Mix the medication with cat litter, dirt, coffee grounds, or other unwanted substance. Seal the mixture in a bag or container. Put it in the trash.</p> <p>A review of the Aspirin Tab lets Safety Data Sheet, revision date of 12/11/2024, revealed, To get rid of medications no longer needed or have expired: Take the medication to a medication take-back program. Check with your pharmacy or law enforcement to find a location. If you cannot return the medication, check the label or package insert to see if the medication should be thrown out in the garbage or flushed down the toilet. If you [NAME] not sure, ask your care team If it is safe to put it in the trash, empty the medication out of the container and mix the medication with cat litter, dirt coffee grounds, or other unwanted substance. Seal the mixture in a bag or container. Put it in the trash.</p> <p>A review of the Ibuprofen Capsules or Tablets Safety Data Sheet, revision on 12/12/2024, revealing, To get rid of medications that are no longer needed or have expired: take medication to a take back program.</p> <p>A review of the Magnesium Hydroxide Solution Safety Data Sheet, revision on 5/9/2024, revealed Throw away any unused medication after the expiration date.</p> <p>A review of the Morphine Solution Safety Data Sheet, revision on 12/4/2024, revealed, Misuse of this medicine can cause addiction or overdose. Take it exactly as prescribed. Store it in a safe place to prevent stealing or abuse. It is illegal to sell it or give it away. It is important to get rid of the medication as soon as you no longer need it or it is expired. To get rid of this medication: Take the medication to a take-back program. Check with your pharmacy or law enforcement to find location. Follow the steps given to you by your pharmacy. You may be given a pre-paid mail-back envelope or disposal product to safely get rid of your medication. If other options are not available, flush the medication down the toilet.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 in accordance with the planned written menu to meet the nutritional needs of the residents for 2 of 2 meals observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>The week 1, Day-2 supper menu for Fall/Winter 2024 to 2025 specified for the residents on mechanical soft diets to receive 4 ounces of dressing and 4 ounces of turkey and all residents were to receive 1/2 cup of broccoli.</li> <li>On 02/04/2025 at 3:49 PM, the following observations were made during supper meal preparation and service: <ol style="list-style-type: none"> <li>Dietary [NAME] (DC) #2 weighed turkey meat to be served to the residents for supper as follows. The first one weighed 4.5 ounces, second 5.9 ounces, third 3.7 ounces, fourth 3.6 ounces, fifth 3.2 ounces, and sixth 2.1 ounces. Total of 23 ounces. DC #2 placed a total of 23 ounces of turkey into the blender, ground and poured into a pan, then placed the pan in the oven to be served to 21 residents who received mechanical soft diets.</li> <li>On 02/04/2025 at 5:58 PM, as DC #2 was ready to put more turkey meat into a blender to ground and serve to the 2 residents, DC #2 was asked to weigh turkey meat. After weighing it, DC #5 stated it was 5.1 ounces, which brought the total amount prepared to 28 ounces, instead of the intended 84 ounces.</li> <li>On 02/05/2025 at 11:06 PM, DC #2 was interviewed, and asked how much mechanical soft turkey she had prepared for the supper meal on 02/04/2025. After I showed her the calculation, she confirmed that the amount she had prepared was correct but would not be enough for 21 residents.</li> </ol> </li> <li>On 02/04/2025 at 5:35 PM, during observation of the supper meal service, DC #3 used a #12 scoop (3 ounces) to serve a single portion of ground turkey to the residents on mechanical soft diets, instead of 4 ounces.</li> <li>On 02/04/2025 at 5:56 PM, the kitchen ran out of stuffing and broccoli. After running out of stuffing and broccoli, DC #3 switched to a #12 scoop, (3 ounces or 1/3 cup) to serve a single serving of stuffing. This portion was 1 ounce less than what the menu specified. DC #3 served cut green beans to 4 residents, instead of broccoli. Resident #51 asked the Dietary Manager for broccoli. The Dietary Manager informed the resident that they had run out of it.</li> <li>The week 1, Day-3 menu for Fall/Winter 2024 to 2025 breakfast specified for the residents on pureed diets were to receive a #8 scoop of pureed hash browns and a #16 scoop of pureed biscuits.</li> </ol> <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/05/2025 at 8:30 AM, during the breakfast meal service, there were no pureed hash browns or pureed biscuits served to the residents who required pureed diets for breakfast. At 9:10 AM, DC #2 was interviewed and was asked if there was a reason why residents on pureed diets were not served hash browns or biscuits and she stated she forgot.</p> <p>51477</p>		

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<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>03508</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food items in the refrigerator, freezer and storage room were covered, sealed and dated; 2 of 2 ice machines was maintained in clean and sanitary condition; dietary staff washed their hands before handling food or clean equipment; kitchen storage area was maintained clean; and hot food items were maintained at temperature of 135 degrees or above for 2 of 2 meals observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 02/03/2025 at 10:46, during the initial rounds with the Dietary Manager, the following observations were made:               <ol style="list-style-type: none"> <li>a. A one-pound bag of marshmallows with no received date. The Dietary Manager confirmed the findings.</li> <li>b. A cardboard box of pasta with two full ten-pound bags with no received date. The Dietary Manager confirmed the findings.</li> </ol> </li> <li>2. On 02/03/2025 at 11:03 AM, the following findings were observed in the walk-in freezer:               <ol style="list-style-type: none"> <li>a. A cardboard box with 16.8 pounds of hash brown patties with no received date. The Dietary Manager confirmed the findings.</li> <li>b. A cardboard box with five pounds of beef franks with no received date. The Dietary Manager confirmed the findings.</li> <li>c. Two cardboard boxes of chocolate ice cream, two cardboard boxes of strawberry ice cream, and one cardboard box of vanilla ice cream, all 1.5 gallons, with no received date.</li> </ol> </li> <li>3. On 02/03/2025 at 11:14 AM, the following findings were observed in the walk-in fridge:               <ol style="list-style-type: none"> <li>a. A cardboard box with twenty-eight tomatoes with no received date or opened date. The Dietary Manager confirmed the findings.</li> <li>b. A cardboard box with thirty pounds of scrambled eggs with no received date. The Dietary Manager confirmed the findings.</li> <li>c. A cardboard box with nine half gallons of buttermilk with no received date or opened date. The Dietary Manager confirmed the findings.</li> <li>d. A plastic bag of raw chicken wings was found on the third shelf next to other boxes of food with no date. The Dietary Manager stated it is roughly two to three pounds.</li> </ol> </li> </ol> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. A cardboard box of bologna with no opened or received date, only one left out of two. The Dietary Manager stated that each one is five pounds and confirmed the findings.</p> <p>f. A plastic container of cucumber and onion mix, about half full, had no opened or received date. The Dietary Manger confirmed the findings.</p> <p>g. A plastic container wrapped in a supermarket bag, that was a staff member's lunch. The Dietary Manager confirmed the findings.</p> <p>h. A plastic bag of shredded lettuce, that was browning with liquid at the bottom was left unsealed with no date. The Dietary Manager confirmed the findings.</p> <p>i. A plastic container of ten pounds of coleslaw with no received date. The Dietary Manager confirmed the findings.</p> <p>j. A plastic bag of raw chicken drumsticks found on the third shelf in the back corner, dripping liquid out of the right bottom corner. The Dietary Manager stated that raw chicken, such as those in the two bags found, were to be stored on the bottom to prevent cross contamination.</p> <p>k. On 02/03/2025 at 11:25 AM, in the two-door cooler, a full pitcher of pink flavored drink mix was found with no date and no lid.</p> <p>l. On 02/03/2025 at 11:27 AM, the Dietary Manager pulled out the grease drip pan. The first half was filled over halfway with grease and food drippings. The last half was filled with crumb coatings, that when pulled out the crumbs fell on to the floor of the kitchen. The Dietary Manager then pulled out the drip pan below the stove top. Lima beans covered the back half with burnt food debris and grease covering the rest. The back splash of the stove was covered in a thick layer of yellow grease. The Dietary Manager stated that all three of these are to be done daily and that they have not been cleaned as they should be.</p> <p>4. On 02/03/2025 at 11:30 AM, this surveyor observed on the spice shelf a bag of grits, a fourth of the way full, had no opened or received date. The Dietary Manager confirmed the findings.</p> <p>5. 02/04/2025 03:16 PM, the following observations were made in the kitchen area:</p> <p>a. The edges of the steam table had food stains on it.</p> <p>b. The shelf below the steam table where clean pans were kept had loose food crumbs on it.</p> <p>c. The shelf below the food preparation counter, where pots and pans were kept, had loose food crumbs on it.</p> <p>d. There were loose greasy food particles on top of the oven.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. On 02/04/2025 at 3:20 PM, Dietary [NAME] (DC) #2 was wearing gloves on her hands when she used a knife to cut open the wrap covering the turkey meat. After unwrapping the meat, DC #2 placed it on the cutting board and using her gloved hands, sliced the meat and placed it into a pan. DC #2 did not change her gloves or wash her hands before continuing to slice the meat. DC #2 was interviewed and was asked what she should have done after touching dirty objects and before handling food items. She confirmed she should have changed gloves and washed her hands before proceeding.</p> <p>7. On 02/04/2025 at 3:25 PM, DC #3 picked up a spoon from a measuring cup inside the dirty sink and used it to scoop a serving of broccoli from a pan on the steam table. As DC #3 was about to transfer it into a blender, DC #3 was stopped and was asked if the spoon had been washed and sanitized. DC #3 confirmed that she should have washed and sanitized it before using it.</p> <p>8. On 02/04/2025 at 3:28 PM, DC #3 placed gloves on her hands. DC #3 then moved the blender motor towards the edge of the counter, contaminating her gloves. Without changing her gloves and washing her hands, DC #3 picked up 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.</p> <p>9. On 02/04/2025 at 3:43 PM, the panel below the ice machine in the kitchen where the ice forms before dropping into the ice collector had wet black residue hanging down from it. The corners inside the ice machine had black residue settled on them. The area was pointed out to the Dietary Manager, and he was asked if the residue buildup could be wiped off. He used tissue paper and wiped it off. The black, and slimy residue easily transferred to the tissue. The Dietary Manager was asked how often the kitchen staff cleaned the ice machine and who used the ice from the machine. He stated the ice machine had been cleaned by the maintenance man once a month, and the kitchen staff used it to fill beverages served to the residents at the mealtimes. The Dietary Manager was interviewed and was asked to describe what he observed on the panel below the area where the ice forms before dropping into the ice collector. He stated there was black residue on the panel and he will start cleaning it 2 times a week.</p> <p>10. On 02/04/2025 at 4:45 PM, the temperatures of the food items on the steam table when checked and read by DC #3 were as follows:</p> <ul style="list-style-type: none"> <li>a. Ground turkey - 125 degrees Fahrenheit.</li> <li>b. Pureed bread - 91 degrees Fahrenheit.</li> </ul> <p>11. On 02/04/2025 at 4:59 PM, the walk-in refrigerator was 39 degrees Fahrenheit. An opened box of turkey sausage was on a shelf in the walk-in refrigerator. The box was not covered or sealed.</p> <p>12. On 02/04/2025 4:05 PM, the following observations were made on a shelf in the freezer:</p> <ul style="list-style-type: none"> <li>a. An opened box of burritos. The box was not covered or sealed.</li> <li>b. An opened box of cookie dough. The box was not covered or sealed.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>13. On 02/04/2025 at 5:48 PM, Dietary Aide (DA) #4 who was on the tray line assisting with the supper meal, picked up condiments and supplements with his bare hands and placed them on the trays, contaminating his hands. Without washing his hands, he picked glasses that contained beverages by their rims and placed them on the meal trays to be served to the residents for the supper meal.</p> <p>14. On 02/05/2025 at 7:38 AM, the left inside corner of the ice machine in the nourishment room on the 300 Hall had wet black residue on it. The area was pointed out to the Dietary Manager, and he was asked if the residue buildup could be wiped off. The Dietary Manager used tissue paper and wiped it off. The black residue easily transferred to the tissue. The Dietary Manager was interviewed and was asked to describe what he observed on the panel close to the area where the ice forms before dropping into the ice collector and who uses the ice from the ice machine. He stated there was black residue on it, that's the ice that the CNAs use for the pitchers in the residents' rooms. Maintenance was asked how often he cleaned the ice machine, and he stated CNA #12 cleans it. CNA #12 was asked how often she cleaned the ice machine. He stated once a month we treat the inside and wipe the panel every two weeks.</p> <p>15. A review of facility policy titled, Handwashing and Glove Usage in Food service, initiated 2016, provided by the Dietary Manager on 02/05/2025 indicated that food handlers should wash their hands before starting work, after touching dirty dishes or clothing and after touching anything else such as dirty equipment.</p>