

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Shiloh Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1092 West Stultz Road Springdale, AR 72764	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>50924</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to properly label and discard a medication per the manufacture's guidelines for 1 medication cart of 3 carts reviewed for medication labeling and storage.</p> <p>The findings include:</p> <p>A review of a facility policy titled, Medication Storage in the Facility, revised in January 2018 indicated, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal, and reordered from the pharmacy, if a current order exists. When the original seal of a manufacture's container or vial is initially broken, the container or vial will be dated. The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. The nurse will check the expiration date of each medication before administering it. No expired medication will be administered to a resident. All expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining. The medication will be destroyed in the usual manner.</p> <p>A review of the (Brand Name) inhaler package insert indicated, 16. How Supplied/Storage and Handling: Each canister is packaged in a foil overwrap pouch with desiccant sachet and placed into a carton. The inhaler should be discarded when the labeled number of inhalations have been used or within 3 months after removal from the foil pouch.</p> <p>During a concurrent observation and interview on 02/26/2025 at 1:22 PM, Licensed Practical Nurse (LPN) #2 retrieved Resident #74's (Brand Name) inhaler from the Apple Blossom/Bayberry medication cart. The inhaler had a small pharmacy label with a printed date of 05/10/2024. LPN #2 stated she was unable to locate an open date or an expiration date, we barely use it, it maybe expired. No original packaging or bag was located with the full pharmacy label. LPN #2 located a second (Brand Name) inhaler in another drawer. The small pharmacy label had a printed date of 09/25/2024, no open date was located on the inhaler, and both inhalers had been used according to the inhaler meter.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/26/2025 at 1:33 PM, the Director of Nursing (DON) stated, open dates should be placed on inhalers when they are opened for the first time.</p> <p>During an interview on 02/27/2025 at 10:12 AM, the Administrator stated, open dates should be placed by the nurse on medications at the time of opening and nurses should check for expiration dates at the end of their shift.</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>49981</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food was thawed properly and in sanitary conditions, specifically thawing fish in a dirty sink at room temperature with no water. This failed practice had the potential to affect 4 of 4 residents who received the alternate meal choice from the kitchen.</p> <p>The findings are:</p> <p>On 02/24/2025 at 11:03 am, during the initial tour of the kitchen, a zipper sealed bag of frozen fish was observed in a sink with no water. The sink also contained a whisk and a knife with a yellow liquid substance covering them.</p> <p>On 02/24/2025 at 11:04 am, the Dietary Manager (DM) was asked what was in the zipper sealed bag. The DM said it was frozen fish. The DM stated that the fish was for the alternate meal choice.</p> <p>On 02/26/2025 at 9:06 am, the DM was asked to explain how frozen meats, fish, and poultry should be thawed. The DM confirmed that the proper way is to place the frozen food in a pan and run cold water over it. The DM was asked what could happen if frozen food was served to residents that had been thawed improperly. The DM confirmed the residents could get sick.</p> <p>On 02/27/2025 at 9:04 am, [NAME] #3 confirmed training and in-servicing on safe food handling had been completed. [NAME] #3 confirmed the proper way to thaw frozen meats, fish, and poultry is to either sit it in the refrigerator 3 days prior to serving or placing it in a pan and running cold water over it.</p> <p>On 02/27/2025 at 9:11 am, Dietary Aide #5 (DA) was asked to explain how to properly thaw frozen meat, fish, or poultry. DA #5 confirmed that frozen food should be placed in a deep pan and covered with cold water. DA #5 confirmed that improper thawing of meats, fish, and poultry could cause the residents to get sick if served and consumed.</p> <p>On 02/27/2025 at 9:41 am, the Administrator confirmed competencies and trainings were done with staff regarding safe food handling. The Administrator was asked to describe a possible negative outcome if meat, fish, or poultry were served to residents that had been improperly thawed. The Administrator said they could get sick from a foodborne illness.</p> <p>On 02/27/2025 at 1:22 pm, [NAME] #4 confirmed in-service training on safe food handling had been completed. [NAME] #4 also confirmed that the proper way to thaw frozen meats was to place them in a deep pan and run cold water over it. [NAME] #4 was asked what potential negative outcome could occur from serving meats that had been improperly thawed. [NAME] #4 said that it could make people sick.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50924</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to maintain infection control prevention for 4 (Residents #24, #59, #62, and #67) of 5 residents reviewed for infection control.</p> <p>The findings include:</p> <p>A review of a facility policy titled, Medication, Insulin Injection, revised 11/22/2016, indicated, equipment and supplies needed included clean gloves which would be put on prior to withdrawal of insulin from the vial. Gloves were to be removed after administration and disposal of needle and syringe in the sharp's container.</p> <p>A review of a Centers for Disease Control (CDC) undated table titled, Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes, provided by the Administrator on 02/26/2025, as the facility's guide for PPE application indicated, standard precautions applied to all residents and PPE should be utilized for situations with any potential for exposure to blood, body fluids, mucous membranes, non-intact skin, and potentially contaminated environmental surfaces or equipment. Depending on anticipated exposure, any or all may be required: gloves, gown, face mask or eye protection.</p> <p>During an observation on 02/26/2025 at 7:37 AM, Licensed Practical Nurse (LPN) #1 administered 3 units (u) of short acting insulin by subcutaneous (SQ) injection to Resident #62 in the left upper arm, without wearing gloves as a standard precaution.</p> <p>During an observation on 02/26/2025 at 7:41 AM, LPN #1 administered 6u of short acting insulin by SQ injection to Resident #24 in the left lower abdominal quadrant, without wearing gloves as a standard precaution.</p> <p>During an observation on 02/26/2025 at 7:50 AM, LPN #1 administered 10u of a short acting insulin by SQ injection to Resident #59 in the left lower abdominal quadrant and a second syringe with 55u of long-acting insulin in the right lower abdominal quadrant, without wearing gloves as a standard precaution.</p> <p>During an interview on 02/26/2025 at 7:55 AM, LPN #1 stated she did not routinely use gloves when administering medications.</p> <p>During an observation on 02/26/2025 at 8:46 AM, LPN #1 administered 17u of a long-acting insulin by SQ injection to Resident #67 in the right upper abdominal quadrant, without wearing gloves as a standard precaution.</p> <p>During an interview on 02/26/2025 at 8:07 AM, the Infection Preventionist (IP) stated, during administration of SQ injections, gloves should definitely be used for standard precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/26/2025 at 1:33 PM, the Director of Nursing (DON) stated, standard precautions should be utilized at all times when personal care was provided by staff, including the administration of a SQ injection.</p> <p>During an interview on 02/27/2025 at 10:12 AM, the Administrator stated, gloves and hand hygiene should be utilized during a medication pass.</p> <p>During an interview on 02/27/2025 at 1:42 PM, the Medical Director stated, he expected the staff to wear the appropriate PPE during administration of a SQ injection.</p>