

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Apple Creek Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1570 W Centerton Blvd Centerton, AR 72719	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46724</p> <p>Based on observation, interview and record review the facility failed to accurately assess a resident's dental status for one (Resident #199) of two residents sampled for dental concerns.</p> <p>The findings are:</p> <p>Review of Resident #199 ' s Physicians Orders revealed diagnoses of Alzheimer's disease and nontraumatic subdural hemorrhage.</p> <p>Resident #199's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/30/2024 documented a Brief Interview of Mental Status (BIMS) of 01, indicating severe cognitive impairment. The MDS indicated that resident did not have any broken or loose fitting dentures.</p> <p>On 01/06/2025 at 1:00 PM, Resident #199 was observed in the doorway of their room, as the resident attempted to talk the bottom plate of their dentures kept rising up from their bottom gumline in their mouth.</p> <p>During a concurrent observation on 01/07/225 at 9:18 AM, Resident #199 ' s dentures were noted to be rising from their gumline to the middle of their mouth.</p> <p>The admission assessment dated [DATE] did not indicate the resident had dentures.</p> <p>The inventory sheet dated 12/18/2024 indicated the resident had both upper and lower denture plates.</p> <p>Physician orders dated 12/17/2024 indicated a regular diet of regular consistency.</p> <p>On 01/08/2025 at 11:29 AM the LPN #4 LTC MDS Coordinator said she used the RAI manual to complete MDSs. She said she looked at documentation from nurses, CNAs and Physicians as well as interacting with residents to preform assessments prior to completing the MDS.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Apple Creek Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1570 W Centerton Blvd Centerton, AR 72719	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>46724</p> <p>49981</p> <p>Based on observations, record review, and interviews, it was determined that the facility failed to implement a resident's care plan to ensure visual devices were utilized for 1 (Resident #83) and to ensure staff followed a resident's closet care plan by placing straws in the drinks of a resident with orders for no straws due to the medical diagnosis of dysphagia with difficulty swallowing for one (Resident #300) resident and failed to implement the resident care plan to ensure visual devices were utilized for one (Resident #83) resident of two residents reviewed for care plan development and implementation.</p> <p>The findings are:</p> <p>1. Review of Resident #83 ' s Medical Diagnosis revealed diagnoses of Parkinsonism and repeated falls.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/18/2024 indicated a Brief Interview of Mental Status (BIMS) score of 02, indicating severe cognitive impairment, had a visual impairment, and wore glasses.</p> <p>On 01/06/2025 at 12:30 PM and 3:30 PM, Resident # 83 was observed in the day room of secure unit sitting in chair without glasses on.</p> <p>On 01/07/2025 at 9:45 AM and 4:00 PM Resident #83 was again observed sitting in the day room without glasses on.</p> <p>On 01/07/2025 Resident #83s glasses were observed in the resident ' s room on the overbed table, while the resident was in the day room</p> <p>Resident #83's Care Plan, review date of 11/11/2024, indicated the resident had a vision impairment, with an intervention for staff to ensure resident is wearing glasses that are clean and free from scratches, and to ensure glasses are within the resident ' s reach.</p> <p>Resident #83's closet care plan in his room indicated resident wears glasses</p> <p>2. Review of an Admission Record indicated Resident # 300 had diagnoses that included dysphagia/oropharyngeal phase.</p> <p>On 01/06/2024 at 10:50 AM, while making initial screenings, straws were observed in Resident #300's drinks sitting on the bedside table. In an interview with Resident # 300's spouse, it was relayed that the closet care plan was not being followed by staff. The closet care plan was observed and indicated Resident #300 had difficulty swallowing and was not to have any straws.</p> <p>On 01/07/2024 at 08:42 AM, a drink observed on Resident # 300's bedside table had a straw in it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Apple Creek Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1570 W Centerton Blvd Centerton, AR 72719	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/07/2024 at 3:00 PM, an observation was made of Resident # 300's three beverages sitting on the table, all had straws in them.</p> <p>On 01/08/24 at 08:55 AM, Certified Nursing Assistant (CNA) # 2 stated that the closet care plan was their resource for knowing what type of care needs the resident required. CNA # 2 confirmed that Resident # 300's closet care plan indicated no straws under the liquids portion of the closet care plan. CNA # 2 confirmed that resident had straws in the drink on the bedside table and confirmed that residents who were ordered to not have straws should not be given straws as it posed a choking hazard.</p> <p>On 01/08/2024 at 08:59 AM, CNA # 3 confirmed that the CNA's are instructed to use the closet care plans as a resource guide to provide resident's care. CNA # 3 confirmed that it's important not to give straws to residents with a diagnosis of dysphagia or difficulty swallowing, as it poses a choking hazard to them. The CNA stated that Resident # 300 had difficulty swallowing and the speech therapist had ordered the resident to have no straws.</p> <p>On 01/08/2024 at 09:07 AM, the Assistant Dietary Manager (ADM), confirmed that the dietary staff are responsible for fixing the resident's beverages. The ADM stated that the kitchen staff provide straws but the CNAs who assist in passing meal trays to residents are the ones that get the straws.</p> <p>A care plan dated 12/26/2024 indicated that Resident # 300 was ordered a pureed diet, had swallowing problems due to dysphagia, and staff were not to provide straws. Date initiated was 12/27/2024.</p> <p>Policies on care plan assessment and implementation, along with staff in-services were provided by the Administrator.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Apple Creek Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1570 W Centerton Blvd Centerton, AR 72719	
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 - 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>49689</p> <p>Based on observation, interview, and record review, the facility failed to ensure that received dates were labeled on all items, that items are not left open to air when stored, and that hand hygiene was not performed when needed for two meals observed in 1 of 1 facility kitchen.</p> <p>The Assistant Dietary Manager (ADM) stated that there was no facility policy they were aware of for handwashing.</p> <p>On 01/06/2025 at 12:10 PM, the Surveyor observed a half full bag of dry elbow pasta in a plastic bag was left unsealed. The ADM confirmed the findings.</p> <p>On 01/06/2025 at 12:15 PM, the Surveyor observed an unopened bag of spiral pasta with no received date. The ADM confirmed the findings.</p> <p>On 01/07/2025 at 11:07 AM, the ADM pureed ten bread pork chops in the food processor for lunch service. The Surveyor observed ADM 's mask fell below their nose, they then touched the mask to adjust it. Without performing hand hygiene, the ADM added two cups of stock and three cups of water to the puree. The ADM rinsed the food processor and touched their mask to adjust it again. The ADM ran the food processor through the dishwasher, and then set up to puree scalloped potatoes without performing hand hygiene.</p> <p>On 01/07/2025 at 11:15 AM, the ADM pureed scalloped potatoes, adding ten scoops into the food processor. The ADM added four cups of milk and two and a half cups of water into the puree. While adding the milk the ADM touched their mask to adjust it as it fell below their nose and continued tasks without performing hand hygiene. The ADM rinsed the food processor, then touched their mask again when it fell below their nose. The ADM then ran the food processor through the dishwasher and set the purees on the serving line without performing hand hygiene.</p> <p>On 01/07/2025 at 11:23 AM, the ADM set up the food processor to puree vegetables, touched their mask before using a half cup scoop to add ten scoops of vegetables and juice into a smaller stainless-steel pan. The ADM pureed vegetables, set up the puree on the serving line, and set up the regular vegetables on the serving line, without performing hand hygiene.</p> <p>On 01/08/2025 at 11:30 AM, the Surveyor observed the ADM temping the food for lunch service. In between each item on the serving line the ADM ran the thermometer under the water and did not sanitize the device. The items on the serving line were as follows chili, baked potato, pureed chili, pureed starch, pureed vegetable, soup, salad, mixed vegetable alternate, and burger meat.</p> <p>On 01/08/2024 at 12:00 PM, Dietary Aide #8, standing on the serving line preparing meals for residents, touched mask to adjust it then touched glasses. Continued serving lunch on the line, did not perform hand sanitation.</p> <p>On 01/08/2024 at 12:02 PM, the ADM adjusted their mask and continued serving tray for lunch service without performing</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Apple Creek Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1570 W Centerton Blvd Centerton, AR 72719	

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 - Some</p>	<p>On 01/08/2024 at 12:05 PM, Dietary Aide #7 put on a pair of gloves without performing hand hygiene, then put frozen biscuits on three baking sheets. Surveyor observed Dietary Aide #7 finish the first task, then put the box of frozen biscuits up and put parchment paper over biscuits. They then took the baking sheets on top of an appliance.</p> <p>On 01/08/2024 at 12:10 PM, Dietary Aide #8 touched their mask to adjust it, then touched glasses continued serving lunch on the line, did not perform hand hygiene.</p> <p>On 01/08/2024 at 12:15 PM, the ADM adjusted their mask and continued serving trays for lunch service. They then were observed applying a glove on their left hand when putting a burger together. Assistant Dietary Manager then took off glove, not having performed hand hygiene. The ADM then continued to serve lunch trays. Dietary Aide #7 was then asked to make two bowls of oatmeal for lunch service. Dietary Aide #7 performed this task, without performing hand hygiene.</p> <p>On 01/08/2024 at 12:30 PM, the Surveyor interviewed Dietary Aide #7, who stated that hand hygiene should be performed in between tasks, if you touch food, and after changing gloves. Dietary Aide #7 then stated that they did not perform hand hygiene after changing gloves and it was a cross-contamination issue.</p> <p>On 01/08/2024 at 12:33 PM, the Surveyor interviewed Dietary Aide #8, who stated that hands should be wash in between tasks, after touching food, and after changing gloves. Dietary Aide #8 then stated that they had not washed hands since on the serving line and they had been touching their mask and glasses. Dietary Aide #8 stated this was an infection control issue.</p> <p>On 01/08/2024 at 1:56 PM, the Surveyor interviewed the ADM stated that they realized that today and yesterday they had been adjust their mask and not washing their hands. The ADM stated hand hygiene should be done as often as you can when switching stations, when working with different foods, if you have touched any food, and when you get done serving. The ADM stated that hand washing prevents the spread of germs. The ADM stated that when getting temperatures [of food] you should run the thermometer under water and then dry it with a cloth. The ADM stated that they have not been trained and usually the dietary manager is in charge of getting food temperatures, and that they plan on asking for more training as it is a cross contamination issue if the thermometer is not sanitized properly.</p>