

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Happy Home Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 365 Alpha Street Camden, AR 71701	

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 0801</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46724</p> <p>Based on interview, observation and record review, the facility failed to ensure a qualified dietary manager was utilized to oversee meal preparation, kitchen sanitation, and manage dietary operations to prevent food borne illnesses. This failed practice had the potential to affect all 21 residents who received meals from the kitchen.</p> <p>The findings are:</p> <p>On 04/24/2024 at 11:24 AM, the Assistant to the Administrator (ATA) was asked who the Dietary Manager (DM) was. The ATA responded, We don't have one, they quit. I've been doing it, making sure the correct serving size is being served, kitchen was clean and ordering the food. When asked if they had any certification for acting as the DM, they confirmed they did not.</p> <p>On 04/25/2024 at 12:30 PM, the ATA was interviewed again and asked how long the facility had been without a DM. The ATA said for about 6 months. The ATA was asked if the facility had a Registered Dietician (RD) and, if so, how often they come. The response was, yes, we have an RD who comes once a month. When asked what was being done to employ a DM. The ATA admitted , I have not been looking, since I was under the impression we only had to have one if we have over fifty residents. I will be advertising for one now. The Surveyor asked the ATA if any of the current dietary staff had any formal training or certification for dietary management and stated, No they did not, those ladies have been here for [AGE] years.</p> <p>The facility policy titled, Dietary Policies, received from the ATA on 04/25/2024 at 12:30 PM, documented, . The day-to-day functions of the dietary department are under the supervision of a qualified dietary manager . The Director of Nutritional Services is a qualified dietetic service supervisor licensed by this state in accordance Services with the American Dietetic Association's rules, regulations and guidelines .the Director of Nutritional is a full-time employee and is responsible for the day-today functions of nutrition, hydration, meal services and coordination of services with nursing and dietary services .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0837</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>37878</p> <p>Based on interview and record review, the facility's governing body failed to employ a licensed facility Administrator to be responsible for managing the facility. This failed practice had the potential to affect all 21 residents residing in the facility.</p> <p>The findings are:</p> <p>On 04/22/2024 at 10:45 AM, the Assistant to the Administrator provided a list of key personnel for the facility which did not contain a person listed under the Administrator. The Assistant to the Administrator confirmed the facility did not currently have an Administrator.</p> <p>On 04/24/2024 at 01:55 PM, the Assistant to the Administrator reported beginning employment at the facility in October of 2022. The facility did not have an administrator at that time. An administrator was employed from 08/15/2023, resigned as of 11/17/2023. There has not been an administrator employed at the facility since that time. The Assistant to the Administrator reported that she manages the facility and ensures the facility policies and procedures are followed by staff. The Assistant to the Administrator notifies the governing body, which she identified as the owners, for guidance or approvals when needed. The Assistant to the Administrator confirmed she is not a state licensed administrator.</p> <p>On 04/25/2024 at 11:10 AM, the Assistant to the Administrator confirmed the facility did not have a policy on Governing Body for the facility.</p>		