

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, interviews, record review, and facility document review, it was determined that the facility failed to protect resident rights that promote individuality and dignity for 1 (Resident #76) out of 2 residents reviewed for Resident rights. This failed practice resulted in actual harm to Resident #76 who sustained devastating psychosocial harm when the resident's hair was cut without Resident #76's permission. Based on interviews, record review, and facility policy review, it was determined that the facility failed to protect resident rights that promote individuality and dignity for 1 (Resident #76) out of 2 residents reviewed for Resident rights.</p> <p>A review of a Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 08/31/2025, revealed Resident #76 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #76 had diagnoses which included language disorder, loss of blood supply to the brain, anxiety, depression, and decreased brain function due to a chemical imbalance in the body.</p> <p>During an interview on 09/23/2025 at 11:55 AM, Resident #76 indicated, several months ago, having had a knot in the middle back of the resident's long hair. Resident #76 explained that a shower aide gave an unwanted haircut, for the purposes of getting the knot out, which totaled about 11 inches of hair being cut off. Resident #76 also indicated that once Resident #76 made a complaint, the facility bought a wig. Resident #76 pointed to a hair piece observed to be hanging on the wall in Resident #76's room.</p> <p>During an interview on 09/25/2025 at 8:33 AM, Certified Nursing Assistant (CNA) # 4 indicated that CNAs are not to cut a resident's hair, even if they tell them to cut their hair.</p> <p>During an interview on 09/25/2025 at 8:55 AM, CNA #5 indicated CNAs cannot cut a resident's hair. They are only to brush, comb, and make a resident's hair look presentable.</p> <p>During an interview on 09/25/2025 at 11:07 AM, CNA #6 (shower aide) indicated that CNAs are not allowed to cut a resident's hair. If a resident needs a haircut, the CNAs are to speak with the respective resident's nurse or Director of Nursing (DON).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/25/2025 at 11:36 AM, CNA #7 (shower aide) indicated that during a shower in April 2025, CNA #6 received permission to cut the knot out of Resident #76's hair but could not recall who gave her permission to do so. During the shower, CNA #7 stated, CNA #6 seemed to be having trouble cutting the knot out of the resident's hair, so CNA #7 helped by taking a pair of scissors and cutting Resident #76's hair. CNA #7 stated after cutting Resident #76's hair, the resident stated they did not want a haircut.</p> <p>During a follow-up interview on 09/25/2025 at 2:40 PM, Resident #76 reported feeling devastated after the unwanted haircut and reported still feeling devastated. Resident #76 indicated they always had long hair and pulled it back in a low ponytail because that was what looked most appropriate, and that was how most of Resident #76's family styled their hair.</p> <p>A review of the Grievance Log from April - September of 2025 revealed a grievance was submitted on 04/10/2025 from Resident #76 with the description of hair cut and resolved on 04/14/2025. The actions listed were CNA in-serviced; resident received complimentary wash and style from facility beautician.</p> <p>A review of a Progress Note, dated 06/23/2025, indicated the Assistant Director of Nursing and Social Services Representative spoke with the resident regarding the unwanted haircut and Resident #76 requested a hair piece. The Progress Note indicated Social Services was to purchase a hair piece for the resident.</p> <p>During an interview on 09/26/2025 at 10:04 AM, the DON indicated the facility had encouraged Resident #76 to see a beautician many times prior to the incident, but the resident refused to see the beautician. The DON also indicated that an in-service to staff was done on Resident Rights after the incident.</p> <p>During an interview on 09/26/2025 at 12:06 PM, Resident #76's representative indicated that Resident #76 had always had long hair, approximately down to the middle of their back. Resident #76's representative also indicated the facility did not communicate with her before or after the haircut, and that Resident #76, must still be upset about it because [Resident #76] mentions it frequently.</p> <p>During an interview on 09/26/2025 at 1:39 PM, the Administrator indicated they were not working for the facility at the time of the incident, but the beautician was the only one that should cut any resident's hair.</p> <p>A review of the facility policy titled Resident Rights, revised December 2016, reveals the right for residents to exercise his or her rights without interference and be supported by the facility in exercising his or her rights.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	
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>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observations, interviews, record review and facility policy review, the facility failed to ensure the ice machine was maintained in a clean and sanitary condition.</p> <p>The findings include:</p> <p>During an observation and concurrent interview on 09/24/2025 at 3:57 PM accompanied by the Dietary Manager (DM), the ice machine located by the kitchen door, when wiped on the inside by the DM had an accumulation of black residue where ice traveled down to the ice collector. The DM stated the ice machine had been cleaned on 09/22/2025, and that it was cleaned two times a week by a Dietary Aide (DA). She also verified that it was the only ice machine for the facility and ice was used to fill resident water pitchers and beverages at mealtimes. The DM confirmed that the ice machine was dirty with black dirt where the ice drops down to the ice collector.</p> <p>During an interview on 09/24/2025 at 4:03 PM, a Dietary Aide (DA#15) stated he started cleaning the ice machine two weeks ago. DA #15 stated he was educated on how to clean the ice machine by the DM and was instructed to wipe the walls on the bottom that holds the ice. He stated he saw when this surveyor had the DM wipe in the top area where the ice drops down and he had never cleaned the upper part before and was not told he had to clean it. The DA stated cleaning the ice machine was on his weekly checklist to do two times a week, but there are times it was only done once.</p> <p>A review of facility document titled Ice Machine Cleaning Monitoring Sheet, revealed the document included: date of the cleaning, monitoring questions with yes or no column to check and initials of the employee that performed that task. There was not a monitoring sheet for the dates of 09/15/2025-09/21/2025. There was a monitoring sheet dated 09/22/2025, that did not have staff initials for cleaning.</p> <p>A review of facility policy titled, Sanitation, revised October 2008, indicated ice machine and ice storage container will be drained, cleaned, and sanitized per manufacturer's instructions and facility policy.</p> <p>A review of facility document titled, Ice Machine Manufacturer Guidelines, revised 09/26/2022 on page 53 indicated clean and sanitize per the cleaning and sanitizing instructions provided in the instruction manual or maintenance label on the icemaker yearly. No manual provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	

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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on interviews and facility document review, the facility failed to utilize the Facility Assessment to ensure the minimum weekend staffing needs were met a total of 8 out of 26 weekend days, for the residents during April, May, and June of 2025, based on the Facility Assessment staffing requirements. The findings include: Review of the Facility Assessment, last updated 10/31/2024, revealed an average daily census of 125-130 residents. The Facility Assessment, last updated 10/31/2024, revealed direct-care staffing needed to ensure residents' needs were met daily, were as follows: Total Number Needed Average or Range Licensed nurses providing direct care 8-11 Nurse aides 35-50 The Facility Assessment also revealed an Individual staff assignment for nurse staffing needs by shift, for both weekdays and weekends, as follows: Day Shift CNA = Ratio 1:7 residents Day Shift Charge Nurses = 5 total Evening Shift CNAs = Ratio 1:10 residents Evening Shift Charge Nurses = 5-4 total Night Shift CNAs Ratio = 1:11 residents Night Shift Charge Nurses = 4 total A review of the Payroll-Based Journal (PBJ) report triggered excessively low weekend staffing for April, May, and June of 2025. A review of the weekend Direct Care Daily Staffing Log for April, May, and June of 2025 revealed the following staffing shortages, as required per the Facility Assessment: 04/05/2025 Day shift CNAs needed 18.9, worked 14.5 Evening CNAs needed 12.8, worked 11.5 Night CNAs needed 11.6, worked 7 Total shortage: 10.3 CNAs for census of 128 (CNA totals minimum needed per range of 35-50, worked 33) 04/06/2025 Day shift CNAs needed 18, worked 14 Evening CNAs needed 15.8, worked 12.5 Night CNAs needed 11.5, worked 8 Night Charge nurse coverage; needed 4, worked 3 Total shortage: 10.8 CNAs, 1 charge nurse for census of 126 (CNA totals minimum needed per range 35-50, worked 34.5) 04/12/2025 Day shift CNAs needed 19, worked 14 Evening CNAs needed 16.6, worked 11.5 Night CNAs needed 12.1, worked 9 Night Charge nurse coverage: needed 4, worked 3 Total shortage: 13.2 CNAs, 1 charge nurse for census 133(CNA totals minimum needed per range 35-50, worked 34.5) 04/13/2025 Day shift CNAs needed 18.7, worked 13 Evening CNAs needed 13.1, worked 13.5 Night CNAs needed 11.9, worked 9 Total shortage: 8.2 CNAs, 1 charge nurse for census 131 04/19/2025 Day shift CNAs needed 18.9, worked 15.5 Evening CNAs needed 13.2, worked 13 Night CNS needed 12, worked 9 Total shortage: 6.6 CNAs for census 132 04/20/2025 Day shift CNAs needed 19, worked 13.5 Evening CNAs needed 16.6, worked 13 Night shift CNAs needed 12.1, worked 10 Total shortage: 11.2 CNAs for census 133 04/26/2025 Day shift CNAs needed 18.9, worked 16 Evening CNAs needed 13.2, worked 12.5 Night shift CNAs needed 12, worked 13 (+1) Total shortage: 3.2 CNAs for census 132 (CNA totals minimum needed per range 35, worked 41.5) 04/27/2025 Day shift CNAs needed 18.9, worked 13 Evening CNAs needed 13.2, worked 12.5 Night shift CNAs needed 12, worked 11 Total shortage: 7.6 CNAs for census 132 05/03/2025 Day shift CNAs needed 19, worked 15 Evening CNAs needed 16.6, worked 12 Night shift CNAs needed 12.1, worked 11 Night shift charge nurse needed, 4, worked 3 Total shortage: 9.7 CNAs and 1 charge nurse for census 133 05/04/2025 Day shift CNAs needed 19, worked 11 Evening CNAs needed 16.6, worked 11.5 Night shift CNAs needed 12.1, worked 10 Night shift charge nurse needed, 4, worked 3 Total shortage: 15.2 CNAs and 1 charge nurse for census 133(CNA totals minimum needed per range 35-50, worked 32.5) 05/10/2025 Day shift CNAs needed 19.2, worked 15 Evening CNAs needed 13.5, worked 10.5 Night shift CNAs needed 12.2, worked 10 Evening shift charge nurse needed 4, worked 2.5 Night shift charge nurse needed, 4, worked 3 Total Shortage: CNAs 9.4, charge nurses 2.5 for census 135 (CNA totals minimum needed per range 35, worked 35.5) 05/11/2025 Day shift CNAs needed 19.2, worked 11 Evening shift CNAs needed 13.5, worked 11 Night shift CNA needed 12.2, worked 11 Night shift charge nurse needed, 4, worked 3 Total shortage: CNAs 11.9, charge nurse 1 for census 135 (CNA totals minimum needed per range 35-50, worked 33) 05/17/2025 Day shift CNAs needed 19.2, worked 15 Evening shift CNAs needed 13.5, worked 10.5 Night shift CNAs needed 12.2, worked 10 Night shift charge nurse needed, 4, worked 3 Total shortage: CNA 9.4, charge nurse 1 for census 135 (CNA totals minimum needed per range 35, worked 35.5) 05/18/2025 Day shift CNAs needed 19.1, worked 12 Evening shift CNAs needed 13.4, worked 12 Night shift CNAs needed 12.2, worked 9 Night shift charge nurse needed 4, worked 3 Total shortage: 11.7 CNAs, 1 charge nurse for census 134 (CNA totals minimum needed per range 35-50, worked 33) 05/24/2025 Day shift CNAs needed 18.6, worked 14 Evening shift CNAs needed 13, worked 12 Night shift CNAs needed 11.8, worked 10 Night shift charge nurse needed 4, worked 3 Total shortage: 7.4 CNAs, 1 charge nurse for census 130 05/25/2025 Day shift CNAs needed 18.4, worked 11 Evening shift CNAs needed 12.9, worked 12 Night shift CNAs needed 11.7, worked 12 Night shift charge nurse needed 4, worked 3 Total shortage: 7 CNAs, 1 charge nurse</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	
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 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>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure a nurse performed hand sanitation during medication administration for one (Resident #111) of one resident and failed to ensure staff followed Enhance Barrier Precautions (EBP) during care of an indwelling urinary catheter for one (Resident #16) of one resident observed for indwelling urinary catheter care.</p> <p>The findings include:</p> <p>Resident #111</p> <p>A review of a facility policy titled, Administering Medications, with a revision date of April 2019 revealed medications were to be administered as prescribed and in a safe and timely way. This policy also revealed staff were to follow infection control practices, such as handwashing, antiseptic technique and gloves, as it applies to the medication administration.</p> <p>During an observation of the 8:00 AM medication administration on 09/25/2025, Registered Nurse (RN) #3 had prepared medications for Resident #111, which included a [brand name] 4 percent (%) patch, to be placed on the resident's skin, and [brand name] eye drops, contained in a small clear plastic tube. RN #3 put on gloves and opened the [brand name] package and removed the patch. RN #3 removed the lower peel from the back of the patch and placed it on the outer, upper area of Resident #111's right arm. RN #3 then removed the upper peel from the [brand name] patch and smoothed the patch on the resident's arm with right hand. RN #3 discarded the gloves and reached above the hand sanitizer located on the wall in the resident's room and retrieved two clean gloves and put them on without sanitizing hands. RN #3 picked up the small clear plastic tube of eye drops and used the right hand to twist the top off the tube. RN #3 held the tube of eye drops in the left hand and used the second finger on the right hand to hold the lower lid of the resident 's right eye down and instilled one drop from the tube. RN #3 then repeated the same technique to instill one drop in the resident's left eye. The nurse discarded the small tube and gloves in the trash can and then utilized the hand sanitizer on the wall, which was below the box of gloves in the resident's room to sanitize hands.</p> <p>During an interview on 09/25/2025 at 9:02 AM, RN #3 stated she did not know if she sanitized or washed her hands after removing the gloves used to place Resident #111's patch on or before putting on a clean pair of gloves. RN #3 stated she should sanitize her hands to not get what was on the resident's skin in the resident's eyes and to not cross-contaminate the two [medications].</p> <p>During an interview with the Director of Nursing (DON) on 09/26/2025 at 6:02 PM, she stated it would be good practice for the nurse to sanitize or wash their hands between administering a topical medication and an eye drop.</p> <p>Resident #16</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Morningside Drive Conway, AR 72034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of facility policy titled, Enhanced Barrier Precautions, dated August 2022, revealed Enhanced barrier precautions (EBP) are utilized to prevent the spread of multi-drug-resistant organisms (MRDOs) to residents. Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk.</p> <p>A review of facility policy titled, Urinary Catheter Care, dated August 2022, revealed The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. For routine perineal hygiene wear PPE such as gown and gloves.</p> <p>A review of a facility in-service titled, EBP, Foley Catheter Care, and Peri-Care, dated 08/08/2025, revealed EBP should be used when providing care to residents with indwelling urinary catheters such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, and care of the indwelling catheter.</p> <p>During an observation on 09/24/2025 at 3:12 PM, foley catheter care and perineal care was provided to Resident #16 by Licensed Practical Nurse (LPN #1). LPN #1 washed her hands with soap and water then placed gloves on. A gown was not worn while providing care. LPN #1 had to lean on and over the bed to provide care since the bed would not raise up. LPN #1's clothes and legs were touching the bed when she leaned over to provide perineal care. LPN #1's right hand was used to hold the foley catheter while her left hand wiped the catheter</p> <p>During an interview on 09/24/2025 immediately following the observation at 3:12 PM, LPN #1 stated EBP was used only for dialysis residents. She stated she had an in-service on perineal care and foley care, but not recently and could remember it. When asked what she was supposed to do when a resident had EBP in place, she replied, I don't Know. She stated nurses and Certified Nursing Assistants (CNAs) are the ones to empty foley bags and do perineal care and it was documented on the MAR.</p> <p>During an interview on 09/25/2025 at 8:42 AM, CNA #2 stated, EBP was something in dietary. When asked how she would know a resident was on EBP, she stated a sign would be on a resident's door. CNA #2 stated residents with foley catheters, wounds, and isolation were on EBP. When asked if a gown had to be worn, she stated, Yes before you touch them.</p> <p>During an interview on 09/25/2025 at 3:16 PM, the DON stated a gown and gloves were to be worn when providing care to residents that have wounds, foley catheters, dialysis or intravenous access. In-services were provided to all clinical staff with the most recent on 08/08/2025. The DON stated she observed staff for negative outcomes or areas needed for education and planned a skills fair to be done quarterly.</p> <p>During an interview on 09/25/2025 at 4:03 PM, the Administrator stated EBP were for residents that have foley catheters and wounds and was used to protect the residents from germs while they get direct care. The Administrator reported the clinical staff's most recent in-service on EBP was in August.</p>		