

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2025
NAME OF PROVIDER OR SUPPLIER  Fianna Hills Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8411 South 28th Street Fort Smith, AR 72908	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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>Based on observations, interviews, record review, and policy review, it was determined that the facility failed to properly store oxygen canisters while not in use for 1 (Resident #53) of 4 residents reviewed for accidents.</p> <p>The findings include:</p> <p>A review of the Medical Diagnosis Report indicated Resident #53 was admitted to the facility with diagnoses which included chronic respiratory failure, with low oxygen levels, and chronic obstructive pulmonary disease (COPD).</p> <p>A review of the quarterly Minimum Data Set, with an Assessment Reference Date of 04/21/2025, revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p> <p>A review of Resident #53 ' s Care Plan, revised 08/21/2024, revealed Resident #53 received oxygen therapy related to COPD, and was a smoker. Interventions included to instruct the resident about facility policy and safety concerns. The care plan did not indicate the resident was non-compliant with instruction related to receiving oxygen therapy.</p> <p>During an observation on 06/02/2025 at 3:45 PM, Resident #53 ' s oxygen tank was noted to be stored in the middle of the floor, near the foot of the bed, and Resident #53 was resting in a recliner at the bedside.</p> <p>During an observation on 06/02/2025 at 4:42 PM, Resident #53 ' s oxygen tank remained sitting on the floor at the foot of the bed with no rolling cart or device present in the room to secure the tank and ensure safety.</p> <p>During an interview on 06/05/2025 at 8:52 AM, Certified Nursing Assistant (CNA) #7 indicated she was familiar with Resident #53 and was aware the resident wore oxygen. CNA #7 stated if there was an oxygen tank found sitting on the floor, they would pick it up and put it on Resident #53 ' s wheelchair.</p> <p>During an interview on 06/05/2025 at 9:02 AM, Licensed Practical Nurse (LPN) #8 indicated she was familiar with Resident #53. LPN #8 indicated Resident #53 normally wore oxygen and carried the oxygen tank between the resident ' s legs while in a wheelchair. LPN #8 indicated it was inappropriate to store and carry oxygen tanks this way.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/05/2025 at 9:08 AM, the Director of Nursing (DON) indicated she was familiar with Resident #53 and was aware the resident wore oxygen. The DON indicated it was not appropriate to store oxygen tanks on the floor, without being in a holder, because they may explode if tipped over. The DON provided education to staff on this day, 06/05/2025. The training was reviewed and the DON indicated education was provided to Resident #53 by the Administrator.</p> <p>During an interview on 06/05/2025 at 9:15 AM, the Administrator indicated oxygen cylinders were to be stored and contained in the metal oxygen racks, so they would not tip over. The Administrator indicated oxygen tanks may explode, if tipped over.</p> <p>A review of an Oxygen Administration policy, dated 10/2010, indicated to check the mask, tank, humidifying bottle, and other components to be sure they are in good working order and fastened to a stand.</p> <p>A review of the NFPA 99, Health Care Facilities Code, revealed in Chapter 11, Gas Equipment, 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders, and 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</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>Based on observation, interview, record review, and facility policy review, the facility failed to ensure medication was not left at the bedside for one of one observation and the facility failed to ensure insulins and antianxiety medications were stored at manufacturer recommended temperature for one of one observation of medication storage.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. During an observation on 06/02/2025 at 1:02 PM, a medication cup containing a clumpy white powdery substance was observed on Resident #48's over-bed table. Licensed Practical Nurse (LPN) #8 stated, Resident #48 would have to be asked because LPN #8 did not know what was in the medication cup. LPN #8 left the room, with the medication cup still at the bedside. <ol style="list-style-type: none"> <li>a. A review of Medical Diagnosis revealed Resident #48 was admitted to the facility with diagnoses which included stroke, heart dysrhythmia, and heart failure.</li> <li>b. A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 04/14/2025, indicated Resident #48 had a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact and that Resident #48 had skin tears.</li> <li>c. During an interview on 06/02/2025 at 1:19 PM, LPN #8 revealed Resident #48 could not identify the substance in the medication cup, and the Director of Nursing (DON) or the Pharmacist would need to identify the medication.</li> <li>d. During an interview on 06/02/2025 at 2:45 PM, the DON stated the Pharmacist confirmed the medication cup contained an antifungal powder, but did not know which resident it was intended for. The DON also stated staff were not supposed to leave medication at the bedside. The DON stated, Nurses are responsible, because they pass medications to the residents and it is a safety issue. The DON indicated medications were not to be left at the bedside because some residents wander in the building, and they could take the medication the wrong way.</li> <li>e. During an interview on 06/02/2025 at 5:14 PM, Resident #48 stated I came back from breakfast and found a medication cup at the bedside and said to myself what the [expletive] is that. Resident #48 indicated they did not know what the medication cup of white substance was or where it came from, and they had no need for the medication.</li> <li>f. During an interview on 06/04/2025 at 1:00 PM, the Medical Director (MD) stated, You cannot leave medications at the bedside, because you must know how much residents take. There must be supervision in terms of administering the medications. Some residents have the capability of self-administering their own medications but there are medications that must be monitored if the medication has been taken.</li> </ol> </li> </ol> <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>g. During an interview on 06/04/2025 at 3:05 PM, the Administrator confirmed Resident #48 had a cup of antifungal medication at the bedside and revealed that staff were expected not to leave medication at the bedside. Medication has to be given with nursing in the room. The Administrator indicated training will be completed. The Administrator and the DON indicated there were no residents with self-administration rights.</p> <p>h. A review of a policy titled Self-Administration of Medication, dated 10/27/2017, revealed the interdisciplinary team had to assess residents to determine if residents were cognitively intact and physically able to be responsible for taking a self-administered medication. This policy also indicated bedside storage could only be done when there was no risk to the residents.</p> <p>i. A review of a training, dated 06/02/2025, revealed medications must be stored properly according to policies and procedures. Medications should never be left at the bedside; all medications are to be given before leaving resident rooms.</p> <p>2. During an observation on 06/04/2025 at 9:23 AM, LPN #8 opened a tall white refrigerator in the medication room and said, The thermometer says 24 degrees. LPN #8 confirmed three bottles of antianxiety medication were in the narcotic box for 300/400 halls. She then read from a bottle, to store at 36-46 degrees Fahrenheit. LPN #8 confirmed the temperature was not in the recommended range. LPN #8 stated they would have to ask the DON who was responsible for checking refrigerator temperatures.</p> <p>a. During a concurrent observation and interview on 06/04/2025 at 9:30 AM, the DON came to the medication room and confirmed that 24 degrees was too cold for the narcotic refrigerator and read the medication 's recommended storage temperature of 36-46 degrees Fahrenheit. The DON revealed housekeeping was responsible for refrigerator temperatures.</p> <p>b. A review of temperature logs from May indicated the refrigerator temperatures were 28-33 degrees. LPN #8 provided a copy of the June temperature log, and for the first two days of June, it was indicated the refrigerator temperatures were 32 degrees.</p> <p>c. During an interview on 06/04/25 at 10:06 AM, the DON provided the temperature log for May 2025 and read the temperatures for the large white refrigerators ranged from 28-33 degrees. The June log revealed the refrigerator temperature as 32 degrees. The DON said staff did not notify administration that the refrigerator had been out of range the entire month. She also stated housekeeping was responsible for recording the temperatures of the locked medication room refrigerator.</p> <p>d. During an interview on 06/04/2025 at 10:22 AM, the Administrator stated that the DON told the Administrator there was an issue with the refrigerator being 24 degrees and they would be training staff. The Administrator confirmed the process was housekeeping was responsible for documenting refrigerator temperatures, and administration was not notified the refrigerator was too cold.</p> <p>e. During an interview on 06/04/2025 at 1:00 PM, the MD stated medications are to be stored at the right temperatures. The medication needs to be discarded, and a refrigerator needs to be put in place, that is accurate. There is a pharmacist that looks at refrigerator temperatures and they should have taken care of this issue. There are conditions that the medications have to be stored at.</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>f. A review of a policy titled Medication Storage in the Facility dated 10/27/2017, revealed medications requiring room temperature storage are kept in the range 59-77 degrees Fahrenheit and refrigerated medications stored at 36-46 degrees Fahrenheit. The facility is responsible for having a temperature log in the medication storage area.</p> <p>g. A review of Consultant Pharmacist Monthly QA Report for May 2025, indicated the medication room refrigerator was 32 degrees, and the recommended temperature was 36-46 degrees Fahrenheit. The facility was instructed to adjust and monitor the refrigerator temperature. Medication supply should only be accessible to licensed nursing and pharmacy staff. Medication room, carts and medication supply should be locked when unattended.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on interviews, observations, record review, and facility policy review, the facility failed to ensure chemical solutions were available to effectively clean and sanitize dishware and kitchen equipment; failed to store, prepare, distribute and serve food in accordance with professional standards of safety; failed to ensure dietary staff washed their hands following the removal of gloves and between task during meal preparation; failed to ensure food preparation surfaces were cleaned and sanitized using a sanitizing solution; failed to ensure equipment was clean and sanitized between uses; and failed to ensure the dietary staff cleaned and sanitized the test thermometer between testing the temperatures of food items on the steamtable. A total of 89 residents received meals from the kitchen and were at risk of contracting a food borne pathogen with the potential of causing gastrointestinal illnesses.</p> <p>The findings are:</p> <p>1. During an observation and interview on 06/02/2025 at 01:15 PM, the Dietary Consultant stated the dishwasher was a low temp dish machine. This surveyor noted the temperature on the dish machine had a temperature reading of 140 degrees Fahrenheit (F) on the final cycle. The dish machine did not reach a temperature higher than 140 degrees F. Dietary Aide (DA) #1 tested the water, utilizing a test strip, in the dishwasher following the sanitizing cycle. The pH test strips did not change colors. DA #1 stated the pH strip was clear because the sanitizing solution bucket was empty and the facility did not have any sanitizer available. DA #1 said they had been out of sanitizer chemicals since yesterday, 06/01/2025, and the chemical vendor was scheduled to bring the facility a supply of chemicals on 06/03/2025. DA #1 checked the sanitizer in the three-compartment sink by dipping a pH test strip in the sanitizer sink of water and stated the pH strip did not change colors because the facility did not have any sanitizer available for the sink. This surveyor observed there was no sanitizer bucket below the sink and the hose for the sanitizer bucket was lying on top of the soap bucket. The sanitizer bucket of the dishwasher was noted to be empty. This surveyor observed the clipboard of the logs, for documentation regarding the temperatures and parts per million (PPM) solutions. The clipboard did not have a June log for the staff to document the dishwasher temperatures or PPM readings. The Dietary Manager stated, I haven't had the time to change the logs. The Dietary Consultant removed the May log, which had only one temperature logged for May 1, 2025, of 200 degrees Fahrenheit under the wash temperature, no other temperatures or PPM were logged for the remainder of May and added a new log for June</p> <p>A. On 06/02/2025, DA #2 provided a written statement that she had worked the day of Sunday, 06/01/2025, and there was no sanitizer in the bucket at that time.</p> <p>B. During an interview on 06/02/2025 at 01:49 PM, DA #2 stated the bucket used to provide sanitizing chemicals for the kitchen 's dishwashing sink had been gone from the sink for four to five days. DA #2 said she had asked DA #3 four to five days ago if there was any sanitizer in the storage, and he had told her no.</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 - Many</p>	<p>C. During an interview on 06/02/2025 at 01:52 PM, the Certified Dietary Manager (CDM) said she knew on Friday, 05/30/2025, that they were running out of the sanitizer and would not make it until the next delivery on 06/03/2025. She stated the chemical vendor representative had been at the facility on 06/02/2025 and checked the chemicals and told her they were out, and the chemicals would be delivered the following morning. The CDM then stated, I guess I need to call him back out here. The CDM said the process for ordering chemicals was to order every Monday for Tuesday deliveries. The CDM said she had not ordered last week because the staff told her not to order because they had enough and there was no room in the storage closet. The CDM said she should have checked herself. The CDM said the last order was on 05/13/2025. The CDM said she was responsible for ensuring the chemicals were ordered and the administrator approved the orders. The CDM said the dishwasher staff working should log the temperatures and PPMs on the logs that day.</p> <p>D. During an interview on 06/02/2025 at 03:45 PM, the CDM told this surveyor that there were no logs indicating the sanitizing solution had been monitored for the 3-compartment sink for April or May of 2025.</p> <p>E. During an interview on 06/02/2028 at 05:40 PM, the CDM reported she is responsible for ensuring the logs were completed and the dishwasher staff was responsible for logging the temperatures and PPMs.</p> <p>F. On 06/03/2025 at 08:32 AM, the Administrator said checking the temperatures and sanitizing was important for the safety of our residents, and if they were not done it would be potentially dangerous for the residents. The Administrator said if the chemical readings were too high it would be dangerous for whatever chemicals could do to you.</p> <p>G. On 06/04/2025 at 01:00 PM the Medical Director said he was aware of the monitoring of the issues identified. He said they were monitoring symptoms for gastro issues. He stated he had provided directions for the staff. He said his concerns were to monitor the residents to see if there were any symptoms linked to it. He stated they have protocols in place to ensure it did not happen again.</p> <p>H. On 06/04/2025 at 05:15 PM, the CDM provided temperature logs for the 3-compartment sink and dishwasher covering the months of February 2025 - June 2025. They revealed, Three Compartment Sink: Parts Per Million PPM should be between 150-400, allow 5 to 10 seconds to develop then compare the color to the chart. Wash sink 110 degrees. Rinse sink 110 degrees, Sanitizer Sink 65 - 70 degrees.</p> <p>a. February 2025 log: no temperatures or PPMs were logged for the breakfast meal for the days 18 - 27; No lunch temperatures or PPMs were logged for the days 18 and 19, 25 - 28; dinner days 18 and 19, 25 - 28.</p> <p>b. March log: no temperatures or PPMs were logged for breakfast for the days 1 - 5, 7 - 31; No temperatures were logged for lunch for days 4 - 5, 11 - 12; 17 - 19; 23 - 31; no temperatures were logged for dinner for days 8 - 9, 11 - 12, 17 - 19, 22 - 31.</p> <p>c. April 2025: log: no wash temperature or sanitizer or PPM was logged for day 1, no temperatures or PPMs were logged for breakfast for days 18 - 30, on day 17 breakfast log had a 4 on the sanitizer and no PPM was logged, lunch temperatures or PPMs were logged for days 17 - 30, no dinner temperature or PPMs were logged for days 17 - 30.</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 - Many</p>	<p>d. May 2025: a wash temperature of 200 was logged for breakfast on day 1, no other temperatures were logged.</p> <p>I. Temperature logs for the dishwasher for the months of February-June 2025 indicated, Low Temperature Dishwasher Temperatures must be 120 degrees - 150 degrees or rewashed.</p> <p>a. February 2025: no temperatures or PPM was logged for days 18 - 19. No lunch temperatures or PPMs were logged for days 18 - 19, 25 - 28, no temperatures or PPMs were logged for days 18 - 19. 24 - 28.</p> <p>b. March 2025: no temperatures or PPMs were logged for days 1-5, 7-12, 14-31; breakfast day 6 and 13 did not have a rinse temperature logged, no lunch temperatures or PPMs were logged for days 4-5, 11-12, 17-18, 23-31, no dinner temperatures or PPMs were logged for days 4-5, 11-12, 17-18, 23-31; day 17 no wash temperature or PPM was logged for supper.</p> <p>c. April 2025 Sheet 1: no temperature or PPMs were logged for days 4, 9 - 10, no lunch temperatures or PPMs were logged for days 4, 9 - 10, no supper temperatures or PPMs were logged for days 1, 3 - 6, 13 - 17, 21, 25, 29.</p> <p>April 2025 sheet 2: lines drawn through days 1 - 4 with a note in the comments that appears to state, Dishwasher out of work. No breakfast temperatures or PPMs logged for day 16, day 24 - 25, day 19; no lunch temperatures or PPMs were logged for days 5, 16, 18, 25; no supper temperatures or PPMs were logged for days 6 - 7, 15 - 16, 18, 25, 27.</p> <p>d. May 2025: no temperatures or PPMs were logged for days 16 and 30, no lunch temperatures or PPMs were logged for days 28 and 30.</p> <p>J. A review of the chemical vendor report reflects the vendor was at the facility on 06/02/2025 at 08:37 AM. The report summary indicates the kitchen equipment was working fine, and the results were good. The report indicated the facility needed to order sanitizers because they were empty. The Chemical Sanitation report reflected a rating of 0 PPM for the dish machine sanitizer and the 3-compartment sink sanitizer. The report had two photos, one photo of the sanitizer hose lying on top of the soap dispenser bucket with a note stating Food contact surface sanitizer has a rating of 0 PPMs. The other photo of the empty dish machine bucket stating sanitizer is empty.</p> <p>K. A Food Facts information sheet retrieved from the website of the United States Food and Drug Administration states Know the Symptoms. Consuming dangerous foodborne bacteria will usually cause illness within 1 to 3 days of eating the contaminated food. However, sickness can also occur within 20 minutes or up to 6 weeks later. Symptoms of foodborne illness can include vomiting, diarrhea, and abdominal pain - flu-like symptoms, such as fever, headache, and body ache.</p> <p>L. A policy titled, Dishwashing Machine Use, indicated .Dishwashing machine chemical sanitizer concentrations and contact times will be as follows .Quaternary Ammonium 150 - 200 PPM Per manufacturer's instructions .The operator will check temperatures using the machine gauge with each dishwashing machine cycle and will record the results in a facility approved log. The operator will monitor the gauge frequently during the dishwashing machine cycle .If hot water temperatures or chemical sanitation concentrations do not meet requirements, cease use of the dishwashing machine immediately until temperatures or PPM are adjusted.</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 - Many</p>	<p>M. A policy titled, Sanitization, indicated, The food service area shall be maintained in a clean and sanitary manner .All equipment, food contact surfaces and utensil shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions. 4. Sanitizing of environmental surfaces must be performed with one of the following solutions .b. 150-200 ppm quaternary ammonium compound (QAC) .Between uses, cloths and towels used to wipe kitchen surfaces will be soaked in containers filled with approved sanitizing solution. Sanitizing solution will be changed at least once per shift or if the solution becomes cloudy or visibly dirty .Manual washing and sanitizing will employ a three-step process for washing rinsing and sanitizing: .Sanitize with hot water or chemical sanitizing solution. Chemical sanitizing solutions may consist of .Quaternary ammonium compound 150 - 200 ppm for time designated by the manufacturer.</p> <p>2. During an observation on 06/03/2025 at 10:35 AM, DA #4, put a pair of gloves on without washing his hands, he then took a pan of brownies from the rolling cart and sat the pan on the preparation table. He took a knife and cut the brownies. DA #4 removed his gloves, then retrieved a sleeve of lids for the bowls. He put the sleeve of lids back and put on a pair of gloves without washing his hands between these tasks.</p> <p>A. During an observation and interview on 06/03/2025 at 10:45 AM, DA #4 retrieved a food scale from the storage rack and weighed powdered sugar in a large bowl. This surveyor noticed a yellowish substance on the side and top of the scale. DA #4 stated the substance appeared to be dried egg yolk but could be any food item. DA #4 said it should have been cleaned prior to storing on the racks because it could cause food contamination and food borne diseases on whatever touches it. DA #4 wiped the scale off with a hot washcloth and placed it on the storage shelf. He then wiped down the preparation table with hot water he retrieved from the hot water spicket on the coffee maker. This surveyor asked DA #4 what he used to sanitize the table. DA #4 said they did have a bottle with sanitizer in it, but he had not seen it today, so he used hot water.</p> <p>B. During an interview on 06/03/2025 at 11:00 AM, DA #3 said he did not know where the sanitizer spray bottle was, so he had used the sanitizer in the 3-compartment sink to wet his cloth and clean his area.</p> <p>C. On 06/03/2025 at 12:00 PM, DA #3 placed the food on the serving line in the dining room. DA #3 then began to test the temperatures of the food items. DA #3 tested meatloaf, cream lima beans, cream potatoes. This surveyor noted DA #3 had a white paper towel in his hand. DA #3 said they did not have any alcohol wipes, so he had cleaned the thermometer with a paper towel. DA #3 said he had used the last alcohol wipe at the breakfast meal. He said the purpose of the alcohol wipe is to kill the bacteria from switching over from one item to another.</p> <p>3. During an observation of the facility ' s pantry on 06/02/2025 at 11:15 AM, this survey was accompanied by the CDM and the Dietary Consultant when the following were identified:</p> <p>A. Three 16-ounce packages of marshmallows had a received date of 12/24 written on the package. The packages did not have a use by date or expiration date.</p> <p>B. A box of 76 packets of steak sauce expired 02/24/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2025
NAME OF PROVIDER OR SUPPLIER  Fianna Hills Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8411 South 28th Street Fort Smith, AR 72908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>C. One opened 5-pound bag of pancake mix had been opened and did not contain an open date, use by date, or expiration date.</p> <p>D. A gallon package of powdered fruit drink mix contained a received by date of 04/22/2025 but did not have an expiration date on the package.</p> <p>E. Two 100 count boxes of tea bags did not contain any dates on them.</p> <p>F. One 16-ounce (oz) package of plain potato chips, expiration date of 03/31/2025.</p> <p>G. One 40-oz package of elbow pasta had been opened and did not contain an open date, use by date or expiration date.</p> <p>H. Two 40-oz packages of spaghetti noodles did not have a received date, expiration date or use by date.</p> <p>I. One opened 40-oz package of spaghetti noodles did not have an open date, expiration date or use by date.</p> <p>J. One opened package of lemon gelatin, not sealed, did not contain an open date, an expiration date or a use by date.</p> <p>K. Seven 24-oz packages of lime gelatin did not have a received date, expiration date or best by date.</p> <p>L. One #10 can of pumpkin mix did not have a received date, use by date or expiration date.</p> <p>M. One #10 can of vanilla pudding did not have a received date, use by date or expiration date.</p> <p>N. One #10 can of peaches, one #10 can of tropical fruit, and one #10 can of great northern beans were in the can racks for ready to use foods had dents in the rims of the cans.</p> <p>O. A clear zip bag of unlabeled cereal did not have an open date, use by date, or expiration date.</p> <p>P. Nine 26-oz packages of classic Idaho mashed potatoes did not have a received date, use by date, or expiration date.</p> <p>Q. One package of dried onions did not have a received date, use by date, or expiration date. The only identifying mark on the package was a handwritten note that said onion.</p> <p>4. On 06/02/2025 at 1:11 PM, this surveyor observed the following spices to be expired in the facility kitchen:</p> <p>A. Ground cloves expired 04/03/2025.</p> <p>B. Ground nutmeg expired 09/27/2023.</p> <p>C. Ground allspice did not have an expiration date or use by date.</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 - Many</p>	<p>D. [NAME] leaves expired 04/28/2025.</p> <p>E. Mediterranean style ground oregano expired 06/30/2024.</p> <p>F. Ground cayenne pepper did not have an expiration date or use by date but was received on 06/23/2020.</p> <p>G. Dill weed expired 10/05/2023.</p> <p>H. Rubbed sage did not have an expiration date or use by date 06/16/2024.</p> <p>5. A policy titled, Food Receiving and Storage, indicated, Foods shall be received and stored in a manner that complies with safe food handling practices. Item 6. Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date).</p>