Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045297	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manila Healthcare Center	2975 W State Highway 18 Manila, AR 72442

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure that the environment was clean and sanitary to provide a homelike environment on the secured unit. This failed practice had the potential to affect all 20 residents who resided in the secure unit. The findings are: A review of the facility policy Housekeeping Cleaning Guidelines indicated: a. Corridors and Public Areas: (including dining rooms, day rooms, lobby, activity areas, therapy areas etc.) Dust mopping, (including corners and edges) daily, damp/wet mop daily, scrubbing of resilient tile as scheduled. b. Corridors and Public Areas: (including dining rooms, day rooms, lobby, activity areas, therapy areas etc.) 3. Check/dust horizontal areas daily, 4. check/dust/clean vertical services daily, 16. Public area deep clean (light fixtures, vents, cubicle curtains/tracks, air/heat units, fire alarms, extinguishers, call lights/devices, baseboards, room corners, edges, ceiling corners etc.) monthly. c. Patient Room Cleaning: 3. Check/dust horizontal surfaces daily, 4. Check/dust/clean vertical surfaces daily, 15. Patient room deep cleaning (light fixtures, vents, cubicle curtains/tracks, air/heat units, room corners, edges, ceiling corners, etc.) monthly. d. Corridors/Public area dust all surfaces and furnishings. Patient Rooms dust all surfaces and furniture and furnishings. A review of the [Facility Name] Floor Tech Job Description indicated, Job Summary: Under general direction, clean and maintain all carpeted and hard surfaces in the facility, perform preventative maintenance on special floor equipment. On 01/21/2025 at 11:50 AM, this surveyor observed in room [ROOM NUMBER], cobwebs behind the television on top of the closet unit, and above the air conditioner unit, and the paint was peeling and bubbling, exposing the dry wall under the window. On 01/21/2025 at 12:00 PM, this surveyor observed that a light in the hallway on the secure unit was out, making the area around the nurse's station dim. This surveyor observed that two light covers in the dining room, closest to the television, were covered in brown splatters, and the inside contained dead insects and debris. (continued on next page)

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: 045297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Manila Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2975 W State Highway 18 Manila, AR 72442	

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 01/21/2025 at 12:30 PM, this surveyor observed the inside area of the handrails in the hallway of the secure unit contained debris, dried matter, and dead insects. This surveyor observed, at the end of the hallway, was a light cover with what appears to be webs on the left side of the light cover, the inside of the light cover contained debris and dead insects. The vents in the hallway were covered in a thick layer of fine brown particles. This surveyor observed that along the edges of the hallway the tiles were discolored in a gray, black matter with debris on top of them. This surveyor observed that this same discoloration of tiles was located in the rooms around the edge of closets. On 01/21/2025 at 12:40 PM, this surveyor observed residents wandering up and down the hallway touching the handrails. On 01/22/2025 at 9:00 AM, this surveyor observed that the light covers, the handrails, the vents, the floors, and the observations in room [ROOM NUMBER] had not changed. On 01/22/2025 at 9:30 AM, this surveyor observed residents wandering up and down the hallway touching the handrails. On 01/22/2025 at 1:00 PM, this surveyor observed a brown, wet splatter on the floor of the hallway. On 01/22/2025 at 3:00 PM, this surveyor observed that the previous brown splatter on the floor of the hallway had dried and become sticky. On 01/23/2025 at 9:00 AM, this surveyor observed the brown, sticky splatter remained on the floor. On 01/23/2025 at 9:15 AM, this surveyor observed that the light covers, the handrails, the vents, the floors, and the observations in room [ROOM NUMBER] had not changed. On 01/23/2025 at 9:20 AM, this surveyor observed Housekeeper (HK) #2 cleaning the dining room. HK #2 changed gloves without washing hands when wiping down tables. When mopping the floors HK #2 stopped at the edge of the dining room, and did not mop in front of the nurse's station. HK #2 moved to room [ROOM NUMBER] on the hall, rolled the cart right next to the splatter in the hallway and did not clean it up. HK #2 switched gloves between sweeping and wiping hard surfaces without washing hands. HK #2 then proceeded to clean room [ROOM NUMBER], but did not mop the floor in the bathroom. On 01/23/2025 at 10:00 AM, during an interview HK #2 stated that they have worked in the facility for two months and usually only have two housekeepers for the building. HK #2 stated that they do not have a floor tech currently and when they have time, they buff the hallways when there is less traffic. HK #2 stated that they do two deep cleans a week, and they usually work together with other housekeepers on them. HK#2 grimaced when asked if they felt short staff then nodded and stated, it can be difficult some days to get it done but I do the best I can and clean how I was taught to. HK#2 then stated if I do not finish, I will pick up where I left off the next day. On 01/23/2025 at 11:50 AM, during an interview, HK#3 stated they had worked here three years and that they cannot always do the floor tech duties, but they are used to the amount of work. HK #3 stated they only have two housekeepers on duty, but did have three scheduled to keep up with floor tech duties. With budget constraints they were told only two people could be scheduled at a time. HK #3 stated they would like to get the hallway floors clean again. HK#3 stated they were not sure if the facility was still hiring for a floor tech then stated that they sometimes feel like they are short (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manila Healthcare Center	2975 W State Highway 18 Manila, AR 72442

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staffed depending on what they come into when cleaning the rooms. On 01/23/2025 at 2:00 PM, this surveyor observed the shower room on the unit, in the upper left-hand corner black, gray circular spots are observed on the ceiling. The vent was covered in a thick layer of fine brown particles. The walls of the shower were observed to be covered in brown matter, on the floor in the right-hand corner the grout and tiles are covered in a layer of brown matter. On 01/23/2025 at 2:47 PM, during an interview the Infection Preventionist (IP) stated the importance of a clean environment was infection control, the residents deserved a clean environment to live in. Then stated they were looking for a floor tech but with it being a temporary position, as they will not need one at the new facility, the position had not been filled. On 01/23/2025 at 3:18 PM, Maintenance stated the procedure for reporting maintenance issues was with the logbook. Maintenance then stated that the shower room had not been reported to him and that it looked like mold was in the corner of the shower room. Then stated that they needed to check that out immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Manila Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2975 W State Highway 18 Manila, AR 72442	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on record review, observations, and interviews, the facility failed to ensure infection control measures, including the storage of resident equipment, were implemented during residents smoking for 1 (Resident #1) of 1 sampled resident observed for prevention of potential infection and/or the spread of infections. The findings include: Review of a facility policy titled, Cleaning and Disinfection of Resident-Care items and Equipment dated September 2022, indicated, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. A review of an admission Record indicated the facility admitted Resident #1 with diagnoses that included cerebral palsy and Parkinson's disease. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/07/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) of 9 (08-12 indicates moderately impaired). Review of Resident #1's Care Plan initiated: 06/15/2015, with a revision date of 01/02/2024, revealed Resident #1was a smoker and was at risk for injury. The Care Plan indicated Resident #1 was to use a special ashtray that holds their cigarette and that if the resident does not use it, the cigarette will break. On 01/22/2025 at 3:30 PM, this surveyor observed the smoking area for the residents. This surveyor observed an assistive device called clip on ash tray with a remote tube which was used to extend amount of space between the resident and cigarette. The device was exposed and left unattended on a table in the smoking area. On 01/23/2025 at 9:30 AM, this surveyor observed the smoking area for the residents. This surveyor observed the assistive device exposed and left unattended. On 01/23/2025 at 11:45 AM, this surveyor observed residents smoking in the designated area. The Restorative Certified Nursing Assistant, (RCNA) picked the device up off the table and without cleaning it, handed it to Resident #1. Resident #1 placed the device in their mouth and used it. On 01/23/2025 at 11:44 AM, the RNCA was asked if the smoking device had been cleaned before it was handed to Resident #1. She stated it had not been but that she should have cleaned it since it had been left lying on the table and anyone could touch it. On 01/23/2025 at 12:10 PM, during an interview, the Director of Nursing (DON) was asked if the smoking device that belonged to Resident #1 should have been left outside unattended and if it should have been cleaned before it was handed to Resident #1. The DON stated that the device should be stored in a plastic bag and kept at the nurse's station and that it should be cleaned before and after Resident #1 used it.