STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045322	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pioneer Therapy and Living	1506 East Main Street Melbourne, AR 72556

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review, the facility failed to revise the care plan interventions to include behavioral-emotional health for 1 (Resident #43) sampled resident. The findings include: Record review of Resident #43's Medical Diagnosis sheet reported the resident had diagnoses to include dementia and generalized anxiety disorder. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD of 09/03/2024 reported the resident had a Brief Interview for Mental Status (BIMS) score of 2, which indicated the resident was severely cognitively impaired. Review of Resident #43's Clinical Physician Orders reported admission to the secure unit on 06/26/2024. Review of Resident #43's care plan initiated 10/22/2024, reported that Resident #43 had been physically aggressive toward other residents. Intervention treatment for urinary tract infection (UTI) and separation from a resident. Review of facility provided Incident by Incident Type dated 10/29/2024, reported physical aggression initiated incident on 08/15/2024. Physical aggression initiated incidents on 07/07/2024, and physical aggression initiated incident on 04/30/2024. During a concurrent observation and interview on 10/29/2024 at 10:00 AM, Resident #43 was observed traveling up and down the hallway in the secure unit and speaking with multiple residents. The Director of Nursing (DON) stated that the resident was transferred to a different room following episodes of aggression with other residents. The DON stated that the staff try to intervene and redirect Resident #43 when aggression occurs. The DON stated Resident #43's care plan should include interventions for aggressive episodes.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and record review, the facility failed to follow proper hand hygiene while preparing food for the 76 residents who received food from the facility kitchen. The findings include: During an observation and interview on 10/30/2024 at 8:30 AM, Dietary Aide #1 was observed scratching her face then touching the resident breakfast trays. Dietary Aide #1 stated she should have performed hand hygiene after touching her face and before touching the resident food trays. During a concurrent observation and interview on 10/30/2024 at 11:30 AM, Dietary Aide #1 was observed placing cups from a cart onto a tray. Without washing her hands or putting on gloves, Dietary Aide #1 opened the food processor, removed the food processor blade and began scooping deserts from the food processor into serving cups to be served to the residents on puree diets for lunch. Dietary Aide #1 stated that hand hygiene should be performed when going from a dirty task to a clean task. During a concurrent observation and interview on 10/30/2024 at 11:40 AM, Dietary Aide #1 was observed scratching her face then touching serving scoops to be used in serving residents at lunch. Dietary Aide #1 stated that hand hygiene should be performed after touching one's body and before touching food preparation items. A review of a facility policy titled, Food Preparation and Service, revised October 2017, reported food and nutrition services staff, will wash their hands before serving food to residents. Employees also will wash hands after collecting soiled plates and food waste prior handling food trays. Employees will follow proper cleanliness and handwashing techniques.