

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observations, record reviews, and interviews, it was found that the facility did not ensure the resident received treatment in accordance with the facility's Comprehensive Resident Centered Care Plan for one (Resident #60) of one resident investigated for skin concerns. Based on observations, record reviews, and interviews, it was found that the facility did not ensure the resident received treatment in accordance with the facility's Comprehensive Resident Centered Care Plan for one (Resident #60) of one resident investigated for skin concerns.</p> <p>The findings include:</p> <p>During three separate observations on 07/21/2025 at 2:23 PM, 07/22/2025 at 12:13 PM, and 07/23/2025 at 12:20 PM, this surveyor observed Resident #60 with discoloration to both of the resident's arms. On each instance, Resident #60 was wearing a short-sleeved shirt without protective sleeve coverings.</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 06/11/2025, indicated that Resident #60 had a Brief Interview of Mental Status score of 10, which indicated moderately impaired cognition. The MDS also indicated Resident #60 had no skin issues.</p> <p>A review of a weekly skin audit dated 07/17/2025, revealed Resident #60 had senile purpura, a skin condition characterized by dark purple and brown bruising, noted to both arms.</p> <p>A review of the Care Plan Report for Resident #60 indicated the resident had a skin tear or potential for skin tears related to fragile skin. The Care Plan also included an intervention with an effective date of 01/03/2025, that the resident was to wear protective sleeves over both arms.</p> <p>During an interview on 07/23/2025 at 12:29 PM, Licensed Practical Nurse (LPN) #3 confirmed Resident #60 had discoloration to both arms, and did not have any protective coverings on their arms.</p> <p>On 07/23/2025 at 12:30 PM, Resident #60 stated to LPN #3 "I bruise easily if I bump something or someone grabs me."</p> <p>During an interview on 07/24/2025 at 12:22 PM, the Director of Nursing (DON) stated that the protective sleeves were put on Resident #60 on 07/23/2025. The DON stated the protective sleeves should have been in place prior to that date according to the Care Plan.</p> <p>During an interview on 07/24/2025 at 12:45 PM, the Administrator asked that all nursing questions be referred to the DON. The DON stated the facility should have implemented the application of the protective sleeves as mentioned on the Care Plan to protect Resident #60 from any additional injury to</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 045338	If continuation sheet Page 1 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>both arms. The DON stated staff had been educated to ensure the resident had protective sleeves or long sleeves in place to protect both arms. The Administrator agreed with the DON's comments.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on observations, record review, interviews, and facility policy review, it was discovered that the facility did not ensure there was an intervention implemented to increase range of motion (ROM) and mobility or to prevent further contracture for one (Resident #56) of one resident. Based on observations, record review, interviews, and facility policy review, it was discovered that the facility did not ensure there was an intervention implemented to increase range of motion (ROM) and mobility or to prevent further contracture for one (Resident #56) of one resident.</p> <p>The findings include:</p> <p>During an observation on 07/22/2025 at 8:20 AM, this surveyor observed Resident #56 self-propelling their wheelchair in the hall. This surveyor observed that Resident #56 had a right-hand contracture without a device in place to maintain ROM.</p> <p>During an observation on 07/22/2025 at 9:25 AM, this surveyor observed Resident #56 self-propelling their wheelchair to the smoking area. This surveyor observed that Resident #56 had a right-hand contracture, without a device in place.</p> <p>During an observation on 07/23/2025 at 8:22 AM, this surveyor observed Resident #56 self-propelling their wheelchair in the hall. This surveyor observed that Resident #56 had a right-hand contracture, without a device in place.</p> <p>During an observation on 07/23/2025 at 10:53 AM, this surveyor observed Resident #56 sitting in a wheelchair in their room. This surveyor observed that Resident #56 had a right-hand contracture, with no device in place.</p> <p>A review of Resident #56's admission Record revealed a diagnosis of hemiplegia (one-sided paralysis or weakness) affecting the right dominant side.</p> <p>A review of an annual Minimum Data Set with an Assessment Reference Date of 06/08/2025, indicated that Resident #56 had a Brief Interview of Mental Status score of 10 which indicated that the resident's cognitive status was moderately impaired. The MDS did not indicate Resident #56 had a functional limitation of range of motion (ROM) in either upper extremity. The MDS also indicated Resident #56 did not receive any active or passive ROM and did not wear a splint.</p> <p>A review of a Care Plan Report indicated that Resident #56 had an Activities of Daily Living self-care performance deficit related to right sided weakness and right-hand contracture. The Care Plan instructed staff to see restorative care plan for interventions.</p> <p>A review of an Occupational Therapy Plan of Care, initiated 09/01/2022, revealed Resident #56 had underlying impairments to the right upper extremity. Therapy necessity was indicated as necessary for ROM. It included the statement, "Without therapy patient at risk for further decline and increased burden of care." Goals included the resident utilizing a resting hand splint with an assistance level of maximum assistance.</p> <p>A review of the Tasks portion of Resident #56's electronic health record, on 07/23/2025 at 11:09 AM, revealed a resolved task that read, "Resolved .Hand roll to right hand for a minimum</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>of 4 hours daily to maintain current joint mobility. Resolved .using another type of splint/roll.&amp;rdquo; No new task had been added to indicate another type of splint/roll was in use.</p> <p>On 07/23/2025, an attempt was made to interview Resident #56, but the resident was observed to be nonverbal.</p> <p>During an interview on 07/23/2025 at 11:18 AM, the Restorative Nursing Assistant (RNA) stated she had been employed at the facility two and a half years and had never had Resident #56 on restorative services.</p> <p>During an interview on 07/23/2025 at 10:57 AM, Certified Nursing Assistant (CNA) #2 confirmed Resident #56 had a right-hand contracture without a device in place to prevent further contracture. CNA #2 was uncertain if Resident #56 was receiving restorative services or not.</p> <p>During an interview on 07/23/2025 at 11:30 AM, the Director of Nursing (DON) reviewed Resident #56&amp;rsquo;s Tasks and stated the tasks marked as &amp;ldquo;resolved&amp;rdquo; were no longer being implemented. The DON stated that it had been brought to her attention that Resident #56 had refused care, but there was no documentation to support that. The DON stated, &amp;ldquo;I know Nursing 101, if it was not documented, it was not done.&amp;rdquo; The DON stated the facility does not have an intervention in place that was currently being implemented by staff to prevent further contracture to Resident #56&amp;rsquo;s right hand.</p> <p>On 07/24/2025 at 12:35 PM, the Administrator stated the therapy department got all residents the appropriate splints. However, nothing was ever put in place due to Resident #56&amp;rsquo;s refusal, but there was no documentation of the refusal.</p> <p>A review of policy titled, &amp;ldquo;Rehabilitative Nursing Care,&amp;rdquo; with a revision date of 11/22/16, indicated that the facility would provide general rehabilitation nursing care to its residents, as ordered or required. Such a program could include but was not limited to maintaining good body alignment and proper position, assisting residents with their routine ROM exercise, and assisting residents to adjust to their disabilities.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, interview and facility policy review, the facility failed to ensure meals were prepared and served according to the planned written menus to meet the nutritional needs of the residents for one of one meal observed. Based on observation, record review, interview and facility policy review, the facility failed to ensure meals were prepared and served according to the planned written menus to meet the nutritional needs of the residents for one of one meal observed.</p> <p>The findings include:</p> <p>During an observation on 07/21/25 at 11:15 AM, this surveyor observed Dietary [NAME] (DC) #4 use a three-ounce ladle, equal to 1/3 cup, to place five servings of vegetable blend into a blender, instead of a #8 ladle (1/2 cup) of vegetable blend as specified on the lunch menu.</p> <p>During an observation on 07/21/25 at 11:53 AM, this surveyor observed DC #4 place an amount equal to ten servings of sliced ham into a blender, grind it, pour it into a pan, and place it into a warmer to serve to residents who received mechanical soft diets.</p> <p>Per a Diet Order [NAME] Report dated 07/21/2025, there were 21 residents requiring mechanical soft diets.</p> <p>During an observation and concurrent interview on 07/21/25 at 12:37 PM, this surveyor observed DC #4 use a #10 scoop, equal to 1/3 cup, to scoop and serve a single portion of pureed vegetables and pureed mashed potatoes, instead of a #8 scoop, equal to 1/2 cup, as required per the facility menu. In addition, there were no hashbrowns prepared at the noon meal for the residents on pureed diets. Mashed potatoes were served instead. DC #1 stated he had not looked at the menu and recipe. He thought the residents who received pureed diets were not supposed to have hashbrowns.</p> <p>Review of the noon meal menu for 07/21/25, indicated that residents on mechanical soft diets were to receive three ounces of ground ham each. The residents on pureed diets were to receive a #8 scoop, which was equal to 1/2 cup, of both pureed vegetable blend and pureed hashbrowns.</p> <p>Review of a facility policy titled "Portion Control," indicated to use a standardized recipe based on facility census and cycle menus, serve portions according to the menu spreadsheet and use scoops, ladles, and scales to serve proper menu portions on the tray line.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were served in a method that maintained appearance, nutritive value, taste and that pureed foods were acceptable to the residents to improve palatability and encourage good nutritional intake during one of one meal observed. Based on observation, record review, and interview, the facility failed to ensure meals were served in a method that maintained appearance, nutritive value, taste and that pureed foods were acceptable to the residents to improve palatability and encourage good nutritional intake during one of one meal observed.</p> <p>The findings include:</p> <p>During an observation of the noon meal preparation on 07/21/25 at 11:07 AM, this surveyor observed Dietary [NAME] (DC) #4 place seven thick slices of baked ham into a blender. Instead of adding a half cup, plus two tablespoons of stock or water as specified per the recipe, DC #4 added two cups of broth on top of the baked ham inside the blender, and pureed.</p> <p>During an observation and concurrent interview on 07/21/25 at 11:10 AM, DC #4 was observed pouring pureed ham into a pan and placing it on the steam table. DC #4 stated he used two cups of broth to puree the baked ham. The pureed ham was observed to be runny. DC #4 stated he had used two cups of broth, instead of a half of a cup plus two tablespoons of water or stock as per the facility recipe.</p> <p>Review of a quantified facility recipe for the pureed ham on 07/21/25, indicated to add a half cup, with an additional two tablespoons of water or stock, per five servings of ham. Then prepare the slurry and process until smooth using one ounce of slurry per portion.</p> <p>During an observation and concurrent interview on 07/21/25 at 11:15 AM, DC #4 was observed using a three-ounce ladle, which equaled one-third of a cup, to place five servings of vegetable blend into a blender. Instead of one tablespoon plus two teaspoons of food thickener and no liquid, per the facility recipe, DC# 4 added one and a half cups of water from the tap on top of the vegetable blend inside the blender and pureed the contents. DC #4 stated he used one and a half cups of water to puree the vegetable blend.</p> <p>During an observation on 07/21/25 at 11:18 AM, this surveyor observed DC #4 pour the pureed vegetables into a pan and place it on the steam table. The mixture was observed to be runny.</p> <p>Review of a quantified facility recipe for vegetable blend indicated to add one tablespoon, with an additional two teaspoons of food thickener per five servings of vegetable blend and process by adding one teaspoon of food thickener per serving. For best results, alternate adding thickener with processing while checking the product's consistency periodically.</p> <p>During an observation of the noon meal preparation on 07/21/25 at 11:25 AM, this surveyor observed DC #2 use a three-ounce ladle, which equaled one-third of a cup, to place five servings of Philly steak into a blender. DC #2 then added two and half cups of broth, pureed the mixture and poured the pureed Philly steak into a pan. The puree was observed to be runny and was not formed.</p> <p>During an observation on 07/21/25 at 11:35 AM, this surveyor observed DC #1 pour hot water from the tap into a blender. DC #1 then added one and a half cups of potato flakes and pureed. DC #1 stated he "used about two and a half cups of water, and it looked water down."</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and concurrent interview on 07/21/25 at 11:39 AM, this surveyor observed DC #4 place six slices of white bread into a blender. Instead of using a half cup plus two tablespoons of water or juice to prepare the slurry and then process until smooth using one-ounce slurry per portion, per facility recipe, DC #4 added water from the tap on top of the bread inside the blender, poured the contents into a pan and placed the pan on the steam table. The mixture was observed to be lumpy and runny. DC #4 stated he used two cups of water to puree the bread.</p> <p>Review of a facility recipe on 07/21/25 indicated for five servings of dinner rolls to use one tablespoon, plus three quarters of a teaspoon of food thickener, and one half of a cup, plus two tablespoons of water or stock. Then process the mixture adding one teaspoon of food thickener per serving. Prepare the slurry and process until smooth using one ounce of slurry per portion. The Dietary manager (DM) stated that the kitchen staff used the dinner roll recipe for pureed bread.</p> <p>During an interview on 07/21/25 at 12:39 PM, the DM described the appearance of the pureed vegetable blend served to the residents for lunch to be runny.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	

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>Based on observation, interview, and facility policy review, the facility failed to ensure that food items stored in the refrigerator, freezer, and dry storage areas were covered or sealed, expired food items were promptly removed or discarded on or before the expiration or use by date, to prevent the growth of bacteria, that dietary staff washed their hands between dirty and clean equipment, and hot food items were maintained at required temperature for one of one meal observed. Based on observation, interview, and facility policy review, the facility failed to ensure that food items stored in the refrigerator, freezer, and dry storage areas were covered or sealed, expired food items were promptly removed or discarded on or before the expiration or use by date, to prevent the growth of bacteria, that dietary staff washed their hands between dirty and clean equipment, and hot food items were maintained at required temperature for one of one meal observed.</p> <p>The findings include:</p> <p>1. On 07/21/2025 at 10:18 AM, the following observations were made in the refrigerator and the storage area in the kitchen:</p> <p>An opened package that contained slices of ham was in the refrigerator. The manufacturer specification on the package indicated to use or freeze by 07/11/2025.</p> <p>An opened package of ham was on a shelf, which exposed it to cross contamination.</p> <p>A container of strawberry topping on a shelf had an expiration date of 06/27/2025.</p> <p>An opened bag of powdered milk was on a rack. The bag was open to air. Dietary Aide (DA) #2 stated bugs could crawl in it if not sealed.</p> <p>2. On 07/21/2025 at 10:33 AM, the following observation was made on top of the freezer:</p> <p>Two bags of flour tortillas were on top of the freezer and had expiration dates of 05/19/2025</p> <p>3. On 07/21/2025 at 10:36 AM, the following observations were made on a shelf below the food preparation counter:</p> <p>An opened box of dry cereal was under the food preparation counter, which exposed the cereal to air, moisture, and potential pests.</p> <p>A box of honey thickened apple juice, on a shelf, that had an expiration date of 04/29/2025.</p> <p>An opened box of rice cereal, the contents exposed to air.</p> <p>4. On 07/21/2025 at 10:38 AM, the following observations were made in the food truck:</p> <p>An opened bag of brown sugar was on the counter. The bag was not sealed, which exposed it to air, moisture, heat, and potential pests.</p> <p>An opened box of sausage patties was on a shelf in the freezer.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	
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>An opened bag of French fries was on a shelf in the freezer.</p> <p>5. During an observation and concurrent interview on 07/21/2025 at 11:14 AM, this Surveyor observed DC #4 wear gloves on his hands while he turned the water off, contaminating the gloves. DC #4 then used his gloved hands to attach a clean blade to the base of the blender to be used in pureeing food items. When he was ready to use the blender, he indicated that he should have removed the gloves and washed his hands.</p> <p>6. During an observation on 07/21/2025 at 12:13 PM, the temperatures of the food items on the steam table, in the 500-Hall dining-room, when checked and read by DC #4 resulted as follows:</p> <p>Pureed vegetables, 112 degrees Fahrenheit.</p> <p>Pureed potatoes, 115 degrees Fahrenheit.</p> <p>Pureed ham, 120 degrees Fahrenheit.</p> <p>Pureed Philly Steak, 122 degrees Fahrenheit.</p> <p>Ground ham, 108 degrees Fahrenheit.</p> <p>The above food items were not reheated before being served to the residents. DC #4 stated he should have reheated the food items.</p> <p>7. During an observation and interview on 07/21/2025 at 12:32 PM, this surveyor observed the ice machine in the 500-Hall therapy room, had wet black residue on the right-side corner of the panel and in the area where ice fell down to the ice collector. The Dietary Manager (DM) stated he did not know who cleaned the ice machine. "Everyone is using ice from it now, since the kitchen is being remodeled." The DM also verified that the Certified Nursing Assistants used the ice for the water pitchers in the residents' rooms and that it was used to fill beverages that were served to the residents at mealtimes. The DM confirmed that the ice machine was dirty with black residue.</p> <p>8. On 07/21/2025 at 12:43 PM, the following drink items were improperly stored in the storage room in the main kitchen:</p> <p>A bag of tea and one open box of tea were on a shelf and opened which exposed them to moisture, air, and heat.</p> <p>9. On 07/21/2025 at 12:56 PM, the following food items were improperly stored in the kitchen walk-in freezer:</p> <p>An opened box of corndogs. The box was not covered or sealed.</p> <p>An opened box of egg rolls. The box was not covered or sealed.</p> <p>10. On 07/21/2025 at 2:51 PM, the following food items were observed to be improperly stored in the deep freezer:</p> <p>Opened boxes of hamburger patties, chicken fried steak, corn dogs, and shrimp were open and exposed</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Quapaw Care and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  138 Brighton Terrace Hot Springs, AR 71913	

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>to air.</p> <p>A review of a facility policy titled "Handwashing and Glove Usage in Food service," indicated hands should be washed before starting work, after leaving and returning to the kitchen prep area and after touching anything else such as dirty equipment, work surfaces or clothes.</p>