STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Grove Health and Rehabilitation, LLC	621 South Mock Street Prairie Grove, AR 72753

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a record review, interviews, and facility policy review, the facility failed to consistently ensure generally accepted accounting practices were followed as a steward of resident trust accounts for one (Resident #38) of three sampled residents, whose trust accounts were reviewed. The findings include: A review Resident #38's admission Record indicated the facility admitted the resident with diagnoses, which included cognitive communication deficit, dementia, and malaise. A review of Resident #38's quarterly Minimum Data Set (MDS) with an assessment reference date of 09/11/2026, revealed a brief interview for mental status of 12, which indicated the resident had moderate cognitive impairment. Resident #38's MDS also revealed the resident was able to ambulate with supervision or touching assistance up to 150 feet. A review of Resident #38's Care Plan Report revealed an impaired cognitive function and impaired thought process related to dementia. Resident #38's Care Plan also revealed the resident required assistance with decision making and was able to ambulate short distances with the assistance of a walker. A review of a Resident Trust Fund Authorization form, signed electronically by Resident #38's family member on 01/04/2024, designated the facility to hold, safeguard, and account for the resident's personal funds. A review of a Resident Liability and Representative Payee document, electronically initialed by Resident #38's family member, revealed the resident chose the facility to manage their personal funds. According to the Resident #38's Resident Liability and Representative Payee document, the facility would act on the resident's behalf in a legal ethical relationship, to hold, safeguard, manage and account for the personal funds of the resident. Resident #38 chose the facility as their legal representative to manage their money that is directly received from a federal agency, the funds would be managed according to State and Federal Regulations that required usual accounting standards to be maintained. On 11/18/2025, a review of Resident #38's receipt documentation for their trust account revealed the following: - On 02/02/2025, a transaction was debited from Resident #38's trust account from a retail [NAME] (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

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for $337.11. This transaction was reviewed and revealed items purchased for a female resident which included, one men's big and tall undershirt, two 3-pack packages of men's compression socks, two pairs of men's sneakers, one 6-pack of men's diabetic socks, one pair of big men's sweatpants, two puff paints, two men's sweatshirts, one pair of big men's sweatpants, two women's pajama sets, and one men's fleece hoodie. These items were purchased by Resident #38's family member with check number 2514. The Administrator confirmed that there was no verification of items purchased for this transaction. - On 09/12/2025, a transaction was debited from Resident #38's trust account from a retail [NAME] for $478.23. This transaction was reviewed and revealed items purchased for a female resident which included, two men's big and tall long sleeved undershirts, three women's pajama sets, three men's big and tall fleece sweatshirt and pants set, three women's oversized sweatshirt and pants sets, one10-pack of men's undershirts, four antiperspirants, one 8-pack of bar bath soap, two tubes of toothpastes, two 13-ounce containers of petroleum jellies, two party size cookie packages, and two packages of 24 mega roll toilet tissue. These items were purchased by Resident #38's family member, with check number 2619, supplied by the facility. The Administrator confirmed that there was no verification of items purchased for this transaction. - On 11/15/2025, a transaction was debited from Resident #38's trust account from a retail [NAME] for $726.79. This transaction was reviewed and indicated items purchased for a female resident which included, two packs of men's socks, three men's thermal tops, two pairs of sweatpants, two ladies' sweaters, and one pair of house shoes. The following food items were also included in the purchase: seven packages of cookies, three 1-quart orange juice container, one 76-ounce lemon drink, three bottles of hot sauce, four 36-ounce containers of salad dressing, fourteen skillet dinner mixes, six seasoning packets, fifteen seasoning containers, one frozen chicken package, one 32-ounce package of frozen meatballs, four 1-pound and 2-pound packages of dry beans, two 24-ounce containers of tomato ketchup, one microwave dinner five canned foods, nine jars of pasta sauce, one 5-pound bag of flour, two 4-pounds of granulated sugar, ten packages of smoked meat, four cartons of 18-count fresh eggs, 18 cans of canned fish, nine boxes of corn meal mix, one 32-ounce box chicken broth, one 20-count box of taco shells, five boxes of cereal, six packages of lunchmeat, three 24-count packages of cheese slices, two containers of 14-ounce sour cream, one package of shredded cheese, four 48-ounce containers of vegetable oil, seven family packages of drumsticks, 24 packages of ramen noodles, two gallons of milk, one 12-ounce container of heavy cream, two 2-pound packages of frozen catfish nuggets, five frozen dinners, three boxes of instant rice, one 5-pound bag of rice, four boxes of pasta and cheese mix, two boxes of 22-ounce frozen hashbrowns, two 12-ounce packages of frozen shrimp, one bag of frozen vegetables, three cans of cooking spray, and five packages of butter sticks. These items were purchased by Resident #38's family member, with a check supplied by the facility. The retail [NAME] system would only allow the amount of $726.79 to be purchased with a personal check, the balance of $588.95 was paid by the family member's personal debit card and presented for reimbursement from the residents trust account on 11/17/2025. - Additional purchases made on 11/15/2025, that had been deducted from Resident #38's trust account, during initial review of the account included: 11 boxed dinner mixes, one refrigerated pie crust, two 18-count boxes of uncooked sausage patties, three family packs of uncooked chicken wings, two packages of cubed ham, twelve 1-pound tubes of ground beef, twelve containers of yogurt, two 5-pound bags of pork chitterlings, five 2.5-pound packages of uncooked chicken thighs, four 2.5-pound packages of pork ribs, three packages of chicken drumsticks, two packages of chicken breast, twelve 3-pound packages of pork chops, four 2.5-pound packages of pork ribs, two 1.5-pound tubes of ground beef, two 1-pound bags of dried peas, one 2.5-pound package of ham hocks, four 12-ounce bags of frozen (continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shrimp, four cans of soup, two packages of sliced bread, two 59-ounce containers of juice, fifteen lunch snack packs, one can of fruit, three 2-pound packages of frozen fish, two 21-ounce packages of meatballs, two 1-pound package of smoked sausages, two smoked hams, two racks of baby back ribs, two 32-ounce containers of egg nogg drink, and one 2-pack of cream cheese. These items were purchased by Resident #38's family member after instruction from the Administrator to spend down the resident's trust account, and the receipt was presented for payment in the amount of $588.95 on 11/17/2025. The Administrator had already made out check number 2647 for this amount and debited the amount from Resident #38's trust account, as indicated by review of the resident trust account statement provided on 11/17/2025 by the Administrator. The Administrator reported that after the interview with this surveyor, she contacted the family member and informed them that the amount could not be paid, due to the type of merchandise purchased. Resident #38's trust account was credited in the amount of $588.95 as revealed by review of the trust account statement provided by the Administrator on 11/19/2025. During an interview on 11/17/2025 at 12:30 PM, the Administrator reported that Resident #38's trust account was administered by herself. The Administrator stated reporting the process for the resident trust accounts was when the account approached the limit, the resident or their responsible party were contacted and instructed of the need to spend down their account. The Administrator denied giving any specific instruction other than the purchase was to be for the resident's personal use, indicating the party responsible, family, or the resident were contacted by phone or in person. The Administrator admitted that the receipt presented for payment out of Resident #38's trust account was not verified prior to the purchase amount being deducted from the residents trust account. The purchased items were sometimes brought much later. The Administrator reported that the family member was provided with a blank check and was instructed to bring the receipt back to the facility. The Administrator indicated that while serving as administer of Resident #38's trust account, she had never verified a purchase for the resident with the receipt provided. The Administer reported I've never had an issue with it, I just take it for granted and the Administrator failed to respond when asked if the purchases listed on the 11/15/2025 receipt, for $1,315.74 were appropriate for Resident #38. The Administrator confirmed that there was no verification of items purchased for this transaction and the family member had not presented any items for verification with the receipts. The Administrator's response when asked what evidence was provided by the family member to verify the items purchased was I don't know. The Administrator reported that Resident #38 did not indicate, by signature or verbal consent, to the gross expenditure from Resident #38's account on 11/15/2025, in the amount of $1,315.74. The Administrator denied requesting consent from Resident #38, prior to allowing the family member to spend $1,315.74 out of the resident's trust account. During an interview on 11/17/2025 at 2:02 PM, the Social Services Director (SSD) indicated they were the staff responsible for marking the personal items for the residents and adding the items to the inventory sheet. The SSD reported that they did not verify any purchases with the receipts, just marked the clothing when it was brought in for Resident #38. The SSD reported the last time Resident #38's family member brought anything in to be marked for the resident was 10/29/2025. The items were identified as two shirts, five pairs of sweats, and three pairs of pajamas. These items were identified from a purchase made on 09/07/2025, on the receipt of a local [NAME]. During an observation on 11/17/2025 at 2:00 PM, this surveyor observed clothing in Resident #38's closet, which revealed various t-shirt style tops, sweatshirt style tops and bottoms, and socks in the drawers, which did not match the clothing items on the receipt provided. During an interview on 11/17/2025 at 2:40 PM, Resident #38's family member reported that they had (continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	been contacted by the Administrator and informed that the resident's trust account had to be spent down. The family member reported that the facility was responsible for the residents trust account, and the statement came to them. Resident #38's family member reported that the only instructions they received for a spend down were that any purchases be for the resident. The family member indicated that Resident #38 did not go shopping with them on 11/15/2025, but that the items were purchased for Thanksgiving and the resident's birthday party. Resident #38's family member reported that to the best of their knowledge, the resident had not signed any papers indicating what the money could be spent for or if there were any preferences. The family member reported the items purchased for Resident #38 were brought to the facility for SSD to mark. The family member reported they had never been required to present items purchased with the receipt, which indicated the receipt was just slid under the door, and they got a check back if they made the purchases, prior to getting a check. During an interview on 11/18/2025 at 9:03 AM, the Administrator reported the facility did not require a resident to sign any documentation giving permission to a separate person for spending authority from their trust account. During an interview on 11/18/2025 at 11:36 AM, the Administrator indicated the facility did not have any documentation from Resident #38, which allowed family to make expenditures from the resident's trust account. The Administrator reported the facility did not have any Power of Attorney documents for financial management from the family member, allowing the residents family to make purchases on the resident's behalf, only the signature of the family member on the admissions paperwork. A review of a facility policy titled Management of Residents' Personal Funds with a review date of 6/24/2019 revealed 3. The facility will hold, safeguard, manage and account for the personal funds of the resident. 5. The residents will be notified in advance of any charges entered on their personal trust account, with written permission obtained from the residents. 6. A copy of all financial transactions will be filed in the resident's permanent record.

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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, interview, and facility policy review, the facility failed to ensure food was prepared under sanitary conditions during food preparation, specifically, in a manner to avoid cross-contamination during puree food process. This failed practice had the potential to affect all six residents that received a puree diet. The findings include: During an observation of the lunch meal preparation on 09/30/2025 at 10:40 AM, the Dietary Manager (DM) was preparing to puree peaches. This surveyor observed the DM remove the blender lid and place it on the metal table surface. The metal table contained visible white particulate debris and off-white liquid residue between the two blender units, which this surveyor observed prior to the start of food preparation. The DM returned the lid to the blender and resumed blending, then removed the blender lid a second time and again placed the lid directly onto the same unclean surface. The spatula used to scrape the sides of the blender, was also placed on the same metal table surface during the preparation process. A review of the weekly Kitchen's Cleaning Schedule revealed the table was last cleaned on Sunday, 09/28/2025, during the morning shift. During an interview on 09/30/2025 at 10:54 AM, the DM confirmed that a barrier of clean parchment paper should have been placed on the metal table surface for the lid and spatula, before the puree process was initiated. The DM did place a paper towel down halfway through the preparation process. The DM stated she was not aware of the particulates and spillage noted on the metal table, between the two blenders, at the time the puree had begun. During an interview on 09/30/2025 at 11:00 AM, the Regional Dietary Manager (RDM) stated the metal table should be cleaned and sanitized before use and confirmed that food debris or residue should not be present on any surface used during active food preparation. The RDM confirmed that all pureed foods that were processed during the observation were tossed in the trash and not served to the residents. During an interview on 11/19/2025 at 8:40 AM, the Administrator acknowledged responsibility of overseeing the kitchen processes, along with different department heads, to ensure residents received quality meals. The Administrator also acknowledged awareness of the cross-contamination incident that had occurred during the observation. During an interview on 11/19/2025 at 10:01 AM, the DM confirmed that the kitchen staff were educated on foodborne illnesses, cleaning the kitchen, and the kitchen equipment upon hire and every month. A review of a facility in-service on pureeing foods, dated 09/30/2025, indicated that a barrier for lids and utensils was required for the process, and was signed by kitchen staff. A review of the facility's Food Preparation Policy, revised 02/2023, showed the policy required all food-contact and adjacent preparation surfaces to be cleaned and sanitized before and throughout food preparation to prevent cross-contamination.