

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	
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 - Immediate jeopardy to resident health or safety</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>-The following was also cited under F689 at a lower severity.</p> <p>The facility also failed to ensure aerosols, medications, perfumes, and creams were not easily accessible to a resident to prevent accidental exposure for the 15 residents on the 100 Hall and 1 (Resident #93) of 8 sampled residents.</p> <p>2. A review of the facility policy titled, Accident Hazards Prevention, stated, Resident Environment. The environment will be free from accident hazards as is possible; 3. Engages all staff, residents and families in training on safety, and promotes ongoing discussions about safety with input from staff at all levels of the organization.</p> <p>a. On 02/04/2025 at 2:20 PM, during a concurrent observation and interview, Certified Nursing Assistant (CNA #12) was observed by Surveyor picking up a clear plastic bag and putting it back on the counter, wheelchair height, at the 100 Hall nurses station leaving it easily accessible to residents. CNA #12 stated, [Resident #19] could come up here, grab this bag and take off down the hall with it. CNA #12 then took the trash and linen in barrels down the hall leaving the bag unattended. Resident #19 is observed wandering up and down the hallway. Surveyor observed that the clear plastic bag with a lighter and keys on the outside of it hanging off of one of the black handles, inside the bag was a medication bottle, a lighter, creams, alcohol sprays, and perfumes were observed.</p> <p>b. On 02/04/2025 at 2:27 PM, CNA #12 stated that the inside of the bag contained, [Name Brand] antibiotic ointment, alcohol spray, perfume, a lighter, Ibuprofen, and aerosol deodorant spray. CNA #12 stated that the bag was easily accessible to residents who wander up and down the hall, should have been stored out of reach and behind a door to keep residents out of it. CNA #12 continued stating that the items were hazardous to the residents, and they could drink something, or injure themselves with the contents in the bag. LPN #14 stated that hazardous materials should be kept out of reach of the residents.</p> <p>c. On 02/06/2025 at 8:09 AM, during an interview the Director of Nursing (DON) stated that hazardous items such as perfumes, medications, and aerosol sprays should not be left out unattended and easily accessible by residents. The DON stated that a resident could get injured if items are left out unattended.</p> <p>Based on interview, record review, facility document review, and facility policy review, the facility failed to ensure 1 (Resident #25) of 4 sampled residents reviewed for neglect received adequate supervision and assistance to prevent accidents. Specifically, the facility failed to ensure 2 staff members transferred Resident #25 using the appropriate lift based on Resident #25's needs and care</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: 045412
		If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>plan which resulted in Resident #25 sustaining a dislocated right shoulder. It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.25 (Quality of Care) at a scope and severity of J.</p> <p>The IJ began on 12/18/2024 at approximately 8:45 AM. While CNA #1 was transferring Resident #25, the resident began to complain of pain in their right arm. CNA #1 called for help and CNA #10 came into the room and assisted CNA #1 with transferring Resident #25 into the wheelchair. CNA #1 notified Registered Nurse (RN) #11 that Resident #25 was complaining of pain. RN #11 assessed the resident and noted the resident was still complaining of pain in the right shoulder. RN#11 notified the Nurse Practitioner and received an order for pain medication and an order to get a mobile x-ray due to the continued complaint of pain. The mobile x-ray company arrived at the facility around 10:16 AM and completed the x-ray. The Medical Director was at the facility when the results of the x-ray were received. The Medical Director gave an order to RN#11 for the resident to be sent to the emergency room (ER) for evaluation due to the results of the x-ray and continued complaints of pain. The ambulance arrived at the facility around 10:53AM and transported Resident #25 to the ER. At approximately 11:15 AM RN#11 received notification from the ER that Resident #25's right shoulder was dislocated.</p> <p>The Administrator was notified of the Past Noncompliance Immediate Jeopardy (IJ) on 2/6/2025 at 12:40PM. The facility implemented corrective actions which were completed prior to the State Agency's entry into the facility; thus, it was determined to be a Past Noncompliance citation.</p> <p>The facility had implemented the following corrective actions to correct the deficient practice effective 12/30/2024:</p> <ol style="list-style-type: none"> 1. 12/19/2024, all residents re-assessed for transfer status by DON (Director of Nursing). Start date:12/19/2024. Completion date:12/30/2024. Comments: facility staff reviewed ADL/Transfer report to ensure all residents have appropriate transfer status documented. <ol style="list-style-type: none"> a. 02/06/2025- Facility provided evidence of all residents being re-assessed for transfer status prior to survey. 2. 12/19/2024, All care plans reviewed by DON and updated as needed to ensure accuracy. Start date: 12/29/2024 Completion date: 12/27/2024. Comments: Care Plans reviewed by MDS coordinator are ongoing. <ol style="list-style-type: none"> a. 02/06/2025- Care plans were updated and the facility provided evidence of in services on following the individual care plans. 3. 12/19/2024, an in service for all clinical staff started by the DON on following the individual care plan for transfer status and how to use the kiosk. Start date: 12/19/2024 Completion date: 12/26/2024. Comments: in services in progress. <ol style="list-style-type: none"> a. 02/06/2025- Facility provided evidence of in services on following the individual care plans. 4. 12/19/2024, the DON/designee began staff transfer/lift competency check off. Start date: 12/19/2024. Completion date: 12/26/2024. <ol style="list-style-type: none"> a. 02/06/2025- Facility provided evidence of staff transfer/lift competency check offs. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5. 12/19/2024, the DON/designee started monitoring transfers of 5 residents twice a week for 4 weeks to ensure transfers are being completed correctly and safely. Start date: 12/19/2024. Completion date: ongoing.</p> <p>a. 02/06/2025-Facility provided evidence of monitoring transfers of 5 residents twice a week.</p> <p>The findings are:</p> <p>1. Review of a facility's undated policy titled Accident Hazards Prevention indicated, Residents will receive adequate supervision and assistance devices to prevent accidents. The resident will be assessed upon admission and through the Minimum Data Set (MDS) process to individualize care plan interventions.</p> <p>a. A review of Resident #25's admission Record revealed the resident was admitted to the facility with a diagnosis of a stroke.</p> <p>b. A review of Resident #25's quarterly MDS with an Assessment Reference Date (ARD) of 12/04/2024, revealed the resident was assessed with a Brief Interview for Mental Status (BIMS) score of 3, (0-7 indicates severe cognitive impairment).</p> <p>c. Review of Resident #25's Care Plan, updated 10/2/2024, revealed the resident was to be transferred with a mechanical lift with two staff assisting.</p> <p>d. Review of a facility incident report dated 12/19/2024 indicated Certified Nursing Assistant (CNA) #1 was transferring Resident #25 and failed to use the correct lift and proper amount of assistance (number of staff), causing the resident 's right shoulder to be dislocated.</p> <p>e. A review of the hospital Summary Episode Note, dated 12/29/205, revealed in the section Imaging Narrative Note identified the significant finding was that Resident #25's right shoulder was dislocated</p> <p>f. During an interview on 2/5/2025 at 12:20 PM, CNA #10 stated she remembered the incident. She was asked to describe what happened. She stated when she heard CNA #1 calling for help, so she went to help. CNA #10 stated CNA #1 had the sit-to-stand lift instead of the mechanical lift that was supposed to be used for Resident #25 and that CNA#1 did not have another employee assisting. CNA #10 said the resident was sliding to the floor, so CNA #1 and CNA #10 lowered Resident #25 to the floor to prevent the resident from falling. CNA #10 stated they (CNA #1 and CNA #10) lifted the resident by sliding their arms under the resident's arms and holding on to the back of the resident's pants. CNA #10 stated they (CNA #1 and CNA #11) sat the resident into the wheelchair. CNA #10 was asked how she knew which lift and how many people Resident #25 required for transfers. CNA #10 said the care plan identifies which lift and how many people are required to assist.</p> <p>g. During an interview with RN #11 on 2/5/2025 at 1:00 PM, she said she remembered the incident of Resident #25's shoulder being injured. She was asked to describe what happened. RN #11 said that on 12/19/2025 she heard Resident #25 hollering out due to pain. She stated after she assessed Resident #25, notified the Nurse Practitioner, received an order to get a mobile x-ray, and that the x-ray results revealed that Resident #25's right shoulder was dislocated. She said the Medical Director was at the facility and gave an order for Resident to be sent to the ER for evaluation of right shoulder pain. RN #11 was asked how CNAs would know which lift to use and how many people Resident #25</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>required the assistance of for transfers. RN #11 stated the care plan for Resident #25 identifies what kind of lift and how many people are required for a safe transfer.</p> <p>h. During an interview with the DON on 2/6/2025 at 10:45 AM, she confirmed the residents' care plans identified which type of lift is required and how many people are required for a safe transfer. The DON also confirmed that CNA #1 did not read the care plan and did not utilize the correct lift and the correct amount of people. The DON stated this failed practice resulted in an injury to Resident #25's right shoulder.</p> <p>i. During an interview with the Administrator on 2/6/2025 at 11:10 AM regarding Resident #25, she confirmed that CNA #1 did not read the care plan and did not utilize the correct lift and the correct amount of people. The Administrator stated this failed practice resulted in an injury to Resident #25's right shoulder.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	

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>Based on observation, record review and interview, the facility failed to ensure meals were prepared and served in accordance with the planned written menu to meet the nutritional needs of the residents for 2 of 2 meals observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The week 1, Day-2 supper menu for Fall/Winter 2024 to 2025 specified for the residents on mechanical soft diets to receive 4 ounces of dressing and 4 ounces of turkey and all residents were to receive 1/2 cup of broccoli. 2. On 02/04/2025 at 3:49 PM, the following observations were made during supper meal preparation and service: <ol style="list-style-type: none"> a. Dietary [NAME] (DC) #2 weighed turkey meat to be served to the residents for supper as follows. The first one weighed 4.5 ounces, second 5.9 ounces, third 3.7 ounces, fourth 3.6 ounces, fifth 3.2 ounces, and sixth 2.1 ounces. Total of 23 ounces. DC #2 placed a total of 23 ounces of turkey into the blender, ground and poured into a pan, then placed the pan in the oven to be served to 21 residents who received mechanical soft diets. b. On 02/04/2025 at 5:58 PM, as DC #2 was ready to put more turkey meat into a blender to ground and serve to the 2 residents, DC #2 was asked to weigh turkey meat. After weighing it, DC #5 stated it was 5.1 ounces, which brought the total amount prepared to 28 ounces, instead of the intended 84 ounces. c. On 02/05/2025 at 11:06 PM, DC #2 was interviewed, and asked how much mechanical soft turkey she had prepared for the supper meal on 02/04/2025. After I showed her the calculation, she confirmed that the amount she had prepared was correct but would not be enough for 21 residents. 2. On 02/04/2025 at 5:35 PM, during observation of the supper meal service, DC #3 used a #12 scoop (3 ounces) to serve a single portion of ground turkey to the residents on mechanical soft diets, instead of 4 ounces. 3. On 02/04/2025 at 5:56 PM, the kitchen ran out of stuffing and broccoli. After running out of stuffing and broccoli, DC #3 switched to a #12 scoop, (3 ounces or 1/3 cup) to serve a single serving of stuffing. This portion was 1 ounce less than what the menu specified. DC #3 served cut green beans to 4 residents, instead of broccoli. Resident #51 asked the Dietary Manager for broccoli. The Dietary Manager informed the resident that they had run out of it. 4. The week 1, Day-3 menu for Fall/Winter 2024 to 2025 breakfast specified for the residents on pureed diets were to receive a #8 scoop of pureed hash browns and a #16 scoop of pureed biscuits. <p>On 02/05/2025 at 8:30 AM, during the breakfast meal service, there were no pureed hash browns or pureed biscuits served to the residents who required pureed diets for breakfast. At 9:10 AM, DC #2 was interviewed and was asked if there was a reason why residents on pureed diets were not served hash browns or biscuits and she stated she forgot.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	
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 food items in the refrigerator, freezer and storage room were covered, sealed and dated; 2 of 2 ice machines was maintained in clean and sanitary condition; dietary staff washed their hands before handling food or clean equipment; kitchen storage area was maintained clean; and hot food items were maintained at temperature of 135 degrees or above for 2 of 2 meals observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 02/03/2025 at 10:46, during the initial rounds with the Dietary Manager, the following observations were made: <ol style="list-style-type: none"> a. A one-pound bag of marshmallows with no received date. The Dietary Manager confirmed the findings. b. A cardboard box of pasta with two full ten-pound bags with no received date. The Dietary Manager confirmed the findings. 2. On 02/03/2025 at 11:03 AM, the following findings were observed in the walk-in freezer: <ol style="list-style-type: none"> a. A cardboard box with 16.8 pounds of hash brown patties with no received date. The Dietary Manager confirmed the findings. b. A cardboard box with five pounds of beef franks with no received date. The Dietary Manager confirmed the findings. c. Two cardboard boxes of chocolate ice cream, two cardboard boxes of strawberry ice cream, and one cardboard box of vanilla ice cream, all 1.5 gallons, with no received date. 3. On 02/03/2025 at 11:14 AM, the following findings were observed in the walk-in fridge: <ol style="list-style-type: none"> a. A cardboard box with twenty-eight tomatoes with no received date or opened date. The Dietary Manager confirmed the findings. b. A cardboard box with thirty pounds of scrambled eggs with no received date. The Dietary Manager confirmed the findings. c. A cardboard box with nine half gallons of buttermilk with no received date or opened date. The Dietary Manager confirmed the findings. d. A plastic bag of raw chicken wings was found on the third shelf next to other boxes of food with no date. The Dietary Manager stated it is roughly two to three pounds. e. A cardboard box of bologna with no opened or received date, only one left out of two. The Dietary Manager stated that each one is five pounds and confirmed the findings. f. A plastic container of cucumber and onion mix, about half full, had no opened or received date. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	

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>The Dietary Manger confirmed the findings.</p> <p>g. A plastic container wrapped in a supermarket bag, that was a staff member's lunch. The Dietary Manager confirmed the findings.</p> <p>h. A plastic bag of shredded lettuce, that was browning with liquid at the bottom was left unsealed with no date. The Dietary Manager confirmed the findings.</p> <p>i. A plastic container of ten pounds of coleslaw with no received date. The Dietary Manager confirmed the findings.</p> <p>j. A plastic bag of raw chicken drumsticks found on the third shelf in the back corner, dripping liquid out of the right bottom corner. The Dietary Manager stated that raw chicken, such as those in the two bags found, were to be stored on the bottom to prevent cross contamination.</p> <p>k. On 02/03/2025 at 11:25 AM, in the two-door cooler, a full pitcher of pink flavored drink mix was found with no date and no lid.</p> <p>l. On 02/03/2025 at 11:27 AM, the Dietary Manager pulled out the grease drip pan. The first half was filled over halfway with grease and food drippings. The last half was filled with crumb coatings, that when pulled out the crumbs fell onto the floor of the kitchen. The Dietary Manager then pulled out the drip pan below the stove top. Lima beans covered the back half with burnt food debris and grease covering the rest. The back splash of the stove was covered in a thick layer of yellow grease. The Dietary Manager stated that all three of these are to be done daily and that they have not been cleaned as they should be.</p> <p>4. On 02/03/2025 at 11:30 AM, this surveyor observed on the spice shelf a bag of grits, a fourth of the way full, had no opened or received date. The Dietary Manager confirmed the findings.</p> <p>5. 02/04/2025 03:16 PM, the following observations were made in the kitchen area:</p> <p>a. The edges of the steam table had food stains on it.</p> <p>b. The shelf below the steam table where clean pans were kept had loose food crumbs on it.</p> <p>c. The shelf below the food preparation counter, where pots and pans were kept, had loose food crumbs on it.</p> <p>d. There were loose greasy food particles on top of the oven.</p> <p>6. On 02/04/2025 at 3:20 PM, Dietary [NAME] (DC) #2 was wearing gloves on her hands when she used a knife to cut open the wrap covering the turkey meat. After unwrapping the meat, DC #2 placed it on the cutting board and using her gloved hands, sliced the meat and placed it into a pan. DC #2 did not change her gloves or wash her hands before continuing to slice the meat. DC #2 was interviewed and was asked what she should have done after touching dirty objects and before handling food items. She confirmed she should have changed gloves and washed her hands before proceeding.</p> <p>7. On 02/04/2025 at 3:25 PM, DC #3 picked up a spoon from a measuring cup inside the dirty sink and used it to scoop a serving of broccoli from a pan on the steam table. As DC #3 was about to</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	
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>transfer it into a blender, DC #3 was stopped and was asked if the spoon had been washed and sanitized. DC #3 confirmed that she should have washed and sanitized it before using it.</p> <p>8. On 02/04/2025 at 3:28 PM, DC #3 placed gloves on her hands. DC #3 then moved the blender motor towards the edge of the counter, contaminating her gloves. Without changing her gloves and washing her hands, DC #3 picked up a clean blade and attached it to the base of the blender to be used in pureeing food items to be served to the residents on pureed diets.</p> <p>9. On 02/04/2025 at 3:43 PM, the panel below the ice machine in the kitchen where the ice forms before dropping into the ice collector had wet black residue hanging down from it. The corners inside the ice machine had black residue settled on them. The area was pointed out to the Dietary Manager, and he was asked if the residue buildup could be wiped off. He used tissue paper and wiped it off. The black, and slimy residue easily transferred to the tissue. The Dietary Manager was asked how often the kitchen staff cleaned the ice machine and who used the ice from the machine. He stated the ice machine had been cleaned by the maintenance man once a month, and the kitchen staff used it to fill beverages served to the residents at the mealtimes. The Dietary Manager was interviewed and was asked to describe what he observed on the panel below the area where the ice forms before dropping into the ice collector. He stated there was black residue on the panel and he will start cleaning it 2 times a week.</p> <p>10. On 02/04/2025 at 4:45 PM, the temperatures of the food items on the steam table when checked and read by DC #3 were as follows:</p> <p>a. Ground turkey - 125 degrees Fahrenheit.</p> <p>b. Pureed bread - 91 degrees Fahrenheit.</p> <p>11. On 02/04/2025 at 4:59 PM, the walk-in refrigerator was 39 degrees Fahrenheit. An opened box of turkey sausage was on a shelf in the walk-in refrigerator. The box was not covered or sealed.</p> <p>12. On. 02/04/2025 4:05 PM, the following observations were made on a shelf in the freezer:</p> <p>a. An opened box of burritos. The box was not covered or sealed.</p> <p>b. An opened box of cookie dough. The box was not covered or sealed.</p> <p>13. On 02/04/2025 at 5:48 PM, Dietary Aide (DA) #4 who was on the tray line assisting with the supper meal, picked up condiments and supplements with his bare hands and placed them on the trays, contaminating his hands. Without washing his hands, he picked glasses that contained beverages by their rims and placed them on the meal trays to be served to the residents for the supper meal.</p> <p>14. On 02/05/2025 at 7:38 AM, the left inside corner of the ice machine in the nourishment room on the 300 Hall had wet black residue on it. The area was pointed out to the Dietary Manager, and he was asked if the residue buildup could be wiped off. The Dietary Manager used tissue paper and wiped it off. The black residue easily transferred to the tissue. The Dietary Manager was interviewed and was asked to describe what he observed on the panel close to the area where the ice forms before dropping into the ice collector and who uses the ice from the ice machine. He stated there was black residue on it, that's the ice that the CNAs use for the pitchers in the residents' rooms. Maintenance was asked how often he cleaned the ice machine, and he stated CNA #12 cleans it. CNA #12 was asked</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Canal Street Marion, AR 72364	

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>how often she cleaned the ice machine. He stated once a month we treat the inside and wipe the panel every two weeks.</p> <p>15. A review of facility policy titled, Handwashing and Glove Usage in Food service, initiated 2016, provided by the Dietary Manager on 02/05/2025 indicated that food handlers should wash their hands before starting work, after touching dirty dishes or clothing and after touching anything else such as dirty equipment.</p>