

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED HEALTH AND REHAB OF UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP 1700 EAST SHORT HILLSBORO EL DORADO, AR 71730	
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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure appropriate dishware was provided during meals and the evening meal was not served in disposable Styrofoam containers for all 59 residents who resided in the facility, to promote dignity for the residents served dinner from the Dietary Department on 9/3/2020. This failed practice had the potential to affect 59 residents who received meals from the kitchen, according to the Diet Roster for Meal Service provided by the Dietary Manager on 9/4/2020. The findings are: 1. On 9/3/2020 at 5:11 p.m. to 5:50 p.m., all residents on the Secured 200 Hall Unit, the 100 Hall rooms, and Rooms 14 thru 23 who had dietary orders were served the evening dinner meal in white Styrofoam containers and Styrofoam bowls. The residents were served drinks in Styrofoam cups with plastic utensils. The meal cart on the 100 Hall had meal trays which contained white Styrofoam disposable containers on plastic trays. Residents were eating food items from the disposable dishes and with plastic utensils. The C Hall, where Rooms #3 and #5 were located, was designated as the facility's COVID-19 Unit and 2 residents resided on this Unit. 2. On 9/3/2020 at 5:29 p.m., Certified Nursing Assistant (CNA) #1 was removing a tray with disposable dishes from the meal cart. She was asked, Do all residents get served with food in Styrofoam containers? CNA #1 stated, Yes. 3. On 9/3/2020 at 5:45 p.m., Dietary Employee #1 was asked if all residents were served the evening meal in Styrofoam dishes that were disposable with disposable utensils. Dietary Employee #1 stated, We used Styrofoam and plastic tonight. Some nights we're short-handed. Dietary Employee #1 was asked if there had been nights when the evening meal was served in disposable dishes. Dietary Employee #1 stated, Yes. We've used Styrofoam. Dietary Employee #1 was asked if the use of the disposable Styrofoam dishes and plastic utensils had been for the convenience of the Dietary Department staff. Dietary Employee #1 stated, Yes. Dietary Employee #1 was asked, Why should disposable dishes and utensils not be used when not indicated? Dietary Employee #1 stated, Well, I know we're not supposed to use them. 4. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/21/2020 documented the resident scored 12 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS). a. On 9/3/2020 at 5:50 p.m., the resident was seated in the room with a table in front of the resident that had a meal tray with a 3-compartment white Styrofoam container of food and a white Styrofoam cup. The resident was eating macaroni and cheese with a disposable, plastic fork. The resident was asked if he preferred to have the food served in a regular plate. The resident stated, Well, yes. Until tonight my food was on a plate. They've been serving on a plate until tonight. 5. On 9/4/2020 at 4:20 p.m., the Dietary Manager was asked, What are the indications for residents to be served with Styrofoam dishes and disposable utensils? The Dietary Manager stated, If on isolation or machine (dishwasher) is not working. The Dietary Manager was asked if on the evening meal of 9/3/2020, the facility's dishwasher machine was working properly. The Dietary Manager stated, Yes. The Dietary Manager was asked if the Dietary Staff had been instructed to use disposable dishes and utensils on 9/3/2020 for the evening meal. The Dietary Manager stated, No. The Dietary Manager was asked, Why should disposable dishes and plastic utensils not be used for all residents at every meal? The Dietary Manager stated, Because I like dishes and it's a dignity issue. The Dietary Manager was asked if the Dietary Staff knew not to use disposables for meals for staff convenience. The Dietary Manager stated, Yes.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.