



Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S404 Little Rock, AR 72203-8059

August 5, 2024

Kenisha Hoard, Administrator Millcreek Of Arkansas P.O. Box 727 Fordyce, AR 71742

Dear Ms. Hoard:

On July 25, 2024 a Recertification survey was conducted at your facility by the Office of Long Term Care to determine if your facility was in compliance with Federal requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid (Title XIX) Program. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

Plan of Correction

A POC must be submitted within 10 calendar days of your receipt of the Statement of **Deficiencies.** Failure to submit a POC may result in termination. Include a completion date for each deficiency cited.

Theresa Forrest, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
(501) 320-6235
email to Theresa.Forrest@dhs.arkansas.gov.

Your Plan of Correction must also include the following:

- a. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- b. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- c. Address what measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur;
- d. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.

e. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. Your facility is ultimately accountable for its own compliance. The plan of correction will serve as the facility's allegation of compliance. Unless otherwise stated on the PoC, the last completion date will be the date of alleged compliance.

Informal Dispute Resolution

In accordance with 42 CFR § 488.331, you have one opportunity to question deficiencies through an informal dispute resolution (IDR) process. To obtain an IDR, you must send your written request to Health Facility Services, Arkansas Department of Health within ten (10) calendar days from receipt of the Statement of Deficiencies. The request must state the specific deficiencies the facility wishes to challenge. The request should also state whether the facility wants the IDR to be performed by a telephone conference call, record review, or a face-to-face meeting.

An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action or the requirement for timely submission of an acceptable plan of correction. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss the findings.

Please submit your request to:

IDR/IIDR Program Coordinator Health Facilities Services 5800 West 10th Street, Suite 400 Little Rock, AR 72204 Phone: 501-661-2201 ADH.HFS@Arkansas.gov

If you have any questions, please call your Reviewer.

Rosenbaum

Sincerely,

DPSQA/Office of Long Term Care Survey & Certification Section

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cc: DRA DDS

PRINTED: 08/05/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		04G011	B. WING		07/25/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
W 000	INITIAL COMMENT	S	W 00	0	
W 104	is an official, legal de remain unchanged e correction, correction space. Any discreparation citation(s) will be reported of the correction of the correction space. Any discreparation of the correction of the c	statement of deficiencies mpliance with the CFR, Part 483, subpart I, for acilities for Individuals with es. (1) must exercise general policy, ng direction over the facility. not met as evidenced by: on, interview, and record uiled to ensure a	W 10	4 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		04G011	B. WING			7/25/2024	
	ROVIDER OR SUPPLIER EK OF ARKANSAS			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 104	Continued From pag	ge 1	W 104	1			
	bathroom #2 had ye the base of the wall. c. Bathroom #1 had	a toilet observed with wet					
	•	ase around the bolt, and the floor trim, to the right and					
		Room #8, on the room side of the door, the per right-hand panel, second from the top was cked and indented.					
	middle-left panel had	nall side of the door, the d cracking, 12 inches in s coming off of the main					
	f. A towel was obser floor.	ved behind the dryer on the					
	g. The lower door ha in the kitchen was br	andle on the black refrigerator roken on the bottom.					
		unds at the Boys Ranch on 3 AM through 8:51 AM ng concerns:					
	on the upper right-hadoor. The shower in	om door had a 4 inch crack and side of the inside of the the room had a crack in the ver, head high and 3 inches					
	b. There was a piece on the floor.	e of clothing behind the dryer					
	c. Bathroom #1 had	paint peeled off the wall next					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		04G011	B. WING _			07/25/2024
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W 104	8 inches long by 4 in left of the sink, pain wall board from an and. On 07/24/2024 and Operating Officer (Chad been replaced. 3. During observation 07/24/2024 from 1:0 following concerns was a. In the entry hall a were 14 cracked or tiles. b. A ceiling tile over air vent had brown snew wet brown stain 4. During environmen on 07/23/2024 from the following concerns was also as a concern of the following concerns was also as a concern of the following concerns was also as a concern of the following concerns was also as a concern of the following concerns of the following concerns of the following concerns of the following concerns was a concern of the following concerns of the following	al places with the largest area inches wide. On the wall to the thad been peeled from the area 3 feet by 12 inches. It 10:29 AM, the Chief CEO) stated that the doors ons in the Main Kitchen on 33 PM, through 1:30 PM, the were identified: and main eating area there broken 18 inches by 18 inch the serving area next to the staining and what looked like in. It was raining outside. ental rounds at Haley house 9:24 AM, through 10:15 AM,	W 1			
	Administration build	in the corner closest to the ing were 5 used tires in a pile with grass and weeds und the tires.				
	Administration build	ner of the roof, closest to the ing, a light fixture with 2 light as in disrepair with one lamp				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G011	B. WING			07/:	25/2024
	ROVIDER OR SUPPLIER			18	REET ADDRESS, CITY, STATE, ZIP CODE 128 INDUSTRIAL DRIVE DRDYCE, AR 71742		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 369	maintenance requests. Chief Executive Office which revealed an opitem A that had been 7:59 AM per the CEO maintenance requests document. No maintel tems A through C we DRUG ADMINISTRACFR(s): 483.460(k)(2) The system for drug at that all drugs, includin self-administered, are This STANDARD is read and a self-administered with case mix sample. The findings are: Client #7's "Physician were reviewed and re [grams] PO [by mouth constipation." a. On 07/23/2024 at 8 of the medication administered practical Nurse (LPN) out into the cap at abstated that was 17 grafts.	anging only by wires. document" of the open so was supplied by the facility er (CEO) and reviewed, en maintenance request for submitted on 07/24/2024 at an and the There were no open so for items B and C per mance policy was provided. The discussed with the CEO. FION (IN) Indiministration must assure administered without errors and the tase evidenced by: an interview, and record ed to ensure medications eithout errors for 1 (Client #7) I's Orders" dated 03/05/2024 and in part, "Miralax 17 gm and BID [twice a day] for a scalar and the medication but the halfway point and arms. Edication lid had a white		369			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG	· · · · ·	
		04G011	B. WING _			07/25/2024
	ROVIDER OR SUPPLIER EK OF ARKANSAS			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 369	gm [grams]" next to the c. Licensed Practical to observe the medical indicator for the 17 gr see, it should have been declared and the see, it should have been declared and the see, it should have been declared and the see of 12/20. Executive Officer (CE AM. The policy was respective of the policy was respective of the security of t	lip of the white cap, and "17 ne arrow." Nurse (LPN) #1 was asked ation lid and the arrow ram dose. LPN #1 stated, "I seen to the top." agement" policy with a 23 received from the Chief (O) on 07/24/2024 at 10:29 eviewed and read in part, ensing, Medications are signated pharmacy upon elephone, or verbal order escriber as listed on the scribers, the pharmacy ations and delivers them to (2)(i) ove from use outdated that met as evidenced by: n, interview and recorded to remove medication that	W 3			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G011	B. WING		07/25/2024	
	ROVIDER OR SUPPLIER EK OF ARKANSAS		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
W 390	was responsible for expiration dates, LPI were responsible for houses and throwing. On 07/24/2024 at 10 "policy" titled, "Medica specified, "Medica that have been discount and/or contaminated patient/resident bins supply and stored in medication room. The substances are disputime per month by ple container" INFECTION CONTECTR(s): 483.470(I)(1) The facility must proto avoid sources and the facility factories, the facility factories, the potential for food was worn at all times foods were promptly cans were discarded maintained in a clear	with the bottle. When asked who checking medications N #1 reported the nurses checking their assigned gexpired medications away. 1:29 AM, review of a facility cation Management," in part tion Disposal" Medications continued, expired, damaged are removed from individual and/or stock medication a separate cabinet of the dese non-controlled cosed of a minimum of one acing into a separate ROL 1) 1) 1) 1) 1) 1) 1) 1) 1) 1	W 454			

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 454	Continued From pag	e 6	W 454				
	morning meal prepareserving of the meal of and Life Skills Teach food from large serving in kitchen into sm serving utensils and individual tables for estaff #1 and LST #1 the staff members where who had a loa hairnet was setting of liquid and carrying clients' tables. On 07/23/2024 at 8:: (LST) #1 verified that worn when working and that hairnets we use by staff and clientshe had not worn a mind". At 8:28 AM confirmed that hairned while serving meals today" On 07/23/2024, during pantry at Haley House following observation—A 6-pound 11 ounced dent approximately 2 and ½ inch from the -A 16 ounce can of which is serving to the confirmed that hairned while serving meals today"	nning at 7:20 AM, the ration and subsequent was observed. House Staff #1 are (LST) #1 were transferring ing dishes supplied by the haller serving dishes via placing serving dishes on client consumption. House is hair was braided, neither of ere wearing hairnets. A client and ponytail, was not wearing in the table, carrying glasses in food items to the other. 23 AM, Life Skills Teacher thairnets are supposed to be in the kitchen during meals are available in the office for ints. LST #1 confirmed that mairnet, "today, it slipped my, House Staff #1 verbally ets are supposed to be worn and stated, "but I forgot and a tour of the kitchen and see that began at 8:45 AM, the ins were made in the pantry: a can of cheese sauce had a 2.5 inches long by 1 inch wide top seal. Tanilla frosting with best use in 26, 24 [2024]": 2 cans of					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRU			(X3) DATE SURVEY COMPLETED			
		04G011	B. WING _			07/25/2024	
	ROVIDER OR SUPPLIER EK OF ARKANSAS		•	STREET ADDRESS, CITY, STATE, ZIP COI 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742		·	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 454	2024"; and 2 cans of best use date by of -A 56-ounce contain with an opened dat with a best use by of -A small glass contagranular substance 1/5 full. -A 32-ounce jar of sopen date of "2-14-directions containing an expiration date of and an opened dato. The manufacturer is statement, "Refrige Life Skills Teacher of the above kitchen to food contained in the statement in the st	a best use by date of "Jun 16, of cookie flavor frosting with a "Jun 16, 2024." mer of powder coffee creamer e of "10-1-22 [10/01/2024]" date of "Jul [July] 16, 2024." ainer containing a white with no content label or date, strawberry jam, 1/2 full, with an 24 [02/14/2024]" with label ig, "Refrigerate after opening." sandwich spread, 3/4 full, with of "20 Dec [December] 2023", e of "6-23-23 [06/23/2023]." abel directions contained the erate after opening." (LST) #1 was present during our and verbally confirmed the ne dented cans would be used	W 4	154			
	client consumption, were confirmed. LS outdated items and refrigeration after o asked who was respantry for expired it was checked, LST week." On 7/23/2024 at 10 (LST) #1 accompar outside storage she	r food in the pantry would for and the findings noted above BT #1 began to throw away the the items that required pening from the pantry. When ponsible for checking the tems and how often the pantry #1 stated, "I amevery 1:19 AM Life Skills Teacher nied the Surveyor to the ed where the ice machine was est, LST #1 opened the lid and					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 454	ice machine at the tomedium amount of both the paper towel after Surveyor asked how cleaned, LST #1 rep cleaned it last Wedn. A facility "policy" title reviewed/revised dair reviewed on 07/24/2 specified in part, "To infection in the dining staff and residents to proper dining area have personnel should also of wearing clean cloth hairnets/gloves." The "Nutrition Servic reviewed/revised: 09 reviewed on 7/24/20 part, "POLICY: Re PURPOSE: To prevent breakdown during the items4. b. Do not a supplier, any item the damaged cans6. A be dated. All stock morder received,F Standards: Equipme Temperatures of all must be checked and Cleaning Schedules. Scoop/Bucket, J. Ice around door and out Temperature Log on order to insure that residence is asserted	owel to wipe the inside of the op of the lid opening. A prown residue was noted on the procedure. When the often the ice machine was orted "once a weekI esday." d, "Infection Control", with a see of 2023 was received and 024 at 12:23 PM, and prevent the transmission of g area through education of g good personal hygiene and abitsb. Personal Hygiene: so be aware of the necessity thes daily as well as sees", "policies" with a 1/2019 date was received and 24 at 10:29 AM, and read in ceiving Food and Supplies ent food spoilage and product e handing and storage of all accept but return to the lat is2. Indented, rusty, All perishable products are to must be rotated with each new POLICY: Sanitation ont/Physical Plant3. refrigerators and freezers direcorded daily. POLICY:	W	454			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		04G011	B. WING _			07/	/25/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742			·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 454	twice per day in dieta Refrigerator/Freezer: have been identified correspond with the Each refrigerator/free thermometer" Review of the "Patier Client #2 had diagno intellectual disabilitie disorder of childhood disorder. Review of the "physic 07/19/2024, read in preserved from the physic of 1/2 tab at 12 N [Implified from the physic of 1/2 tab at 12 N [Implified from the physic of the	emperatures will be recorded ary. PROCEDURE: Cour refrigerators/freezers name of cottage and equipment temperature log. ezer contains a working Int Information Sheet" noted ses including unspecified s, reactive attachment I, and posttraumatic stress Ician orders" dated part, "Tenex 1 mg et]@ [at] 8AM [8:00 AM] 12:00 noon]" Int Information Sheet" noted, ses including mild intellectual mood dysregulation disorder, disorder, attention deficit r, and separation anxiety Ication Administration Record and in part, "Clonidine 0.1 mg ablet]Q [every] 8AM [8:00 Noon] 2 tabs Q HS [hour of the Information Sheet" noted, ses including mild intellectual disorder and attention deficit disorder and attention deficit	W	154				
	Review of the "Medic	cation Administration Record"						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G011	B. WING		07/25/2024	
	ROVIDER OR SUPPLIER EK OF ARKANSAS			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742	, 3.7.2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
W 454	mg [milligram]1/2 Noon]Haldol 10 r 12N [12:00 Noon] On 07/23/2024 at 1 observed Licensed during the noon me House. At 12:01 PN Clonidine 0.1mg (m prescription bottle a on the counter to cu 1/2 of the tablet into transferred the othe bottle. The 1/2 table then administered t cutter back on the co On 07/23/2024 at 1 Nurse (LPN) #1 obt tablet from the pres pill cutter that was o in half. Licensed Pr of the tablet into a r the other 1/2 back t 1/2 tablet in the me administered to Clic cutter back on the co before or after use. On 07/23/2024 at 1 Nurse (LPN) #1 obt mg (milligram) table and used the same tablet in half that wa been used for cuttir medication. LPN #1	tead in part, "Clonidine 0.1 tab [8:00 AM] and 12N [12:00 mg1/2 tab at [8:00 AM] and " 1:50 AM, the Surveyor Practical Nurse (LPN) #1 dication pass at Willow Creek M, LPN #1 obtained Client #8's iilligram) tablet from the and used a pill cutter that was at the tablet in half. LPN #1 put to a medicine cup and at 1/2 back to the prescription at in the medicine cup was to Client #8. LPN #1 put the pill cabinet without cleaning it. 2:10 PM, Licensed Practical cained Client #2's Tenex 1mg cription bottle and used the ton the counter to cut the tablet actical Nurse (LPN) #1 put 1/2 medicine cup and transferred to the prescription bottle. The dicine cup was then ent #2. LPN #1 put the pill cabinet without cleaning it	W 45	4		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		ATE SURVEY DMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 454	cutting the 10 mg ta tablets in the medica administered to Clie cutter back on the cobefore or after use. On 07/23/2024, dur Licensed Practical I the same pill cutter and that clients do when asked, LPN acutter was not clear reported that it is clashowed a monitorin the cleaning schedu "Pill Cutter" with da 7/16/24". On 07/25/2024 at 9 the Assistant Direct to the Surveyor that "after each use and Surveyor asked if the between each clien. On 07/24/2024 at 1 Officer provided a famanagement" with specified in part, Se Medication Administransfer the medication it is stored in (bliste of the medication. The me contaminated if it container it is stored in container it is stored.	#9's Haloperidol 10mg tablet ablet in half. The two 1/2	W 4	154			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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W 454	During observations i 07/24/2024 from 1:03 following concerns we a. The milk box contamilk dated, "Jul [July] contain a thermomete the case, moving craft was no thermometer, retrieved a thermome box. Cook #1 was as	n the main kitchen on BPM through 1:30 PM, the BPM through 1:30 PM, the BPM through 1:30 PM, the BPM through the sof milk to verify there BPM none was found. Cook #1 Ster and placed it in the milk bed if the milk box should in it. Cook #1 stated yes it	W 4	154		





Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S404 Little Rock, AR 72203-8059

January 28, 2025

Kenisha Hoard, Administrator Millcreek Of Arkansas P.O. Box 727 Fordyce, AR 71742

Dear Ms. Hoard:

Based on the approval of the Plan of Correction for the Recertification survey conducted on July 25, 2024, your facility was found to be in substantial compliance with program requirements. Your certification remains in effect unless terminated due to non-compliance with program requirements or voluntary withdrawal from the program.

If you have any questions, please contact your reviewer: Breanna Marengo at 501-320-6280 or email to breanna.marengo@dhs.arkansas.gov.

Sincerely,

for Jeff Rosenbaum

DPSQA/Office of Long Term Care Survey and Certification Section

bbm

APOC 08/23/24

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G011	B. WING		07/	25/2024
	ROVIDER OR SUPPLIER EK OF ARKANSAS			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742		23/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COMPLETION DATE
	is an official, legal doremain unchanged excorrection, correction space. Any discrepant citation(s) will be reported for the conflict of the c	(Statement of Deficiencies) cument. All information must acept for entering the plan of dates, and the signature cry in the original deficiency orted to the Dallas Regional all to the Office of the G) for possible fraud. If tently changed by the State Survey Agency (SA) mediately. Itatement of deficiencies apliance with the FR, Part 483, subpart I, for cilities for Individuals with the cilities for Individuals with the state exercise general policy, direction over the facility, of met as evidenced by: In interview, and recorded to ensure a like environment. Italian rounds at Oak Creek from 7:32 AM through 7:49 terms were identified:	W 104	Step 1 Corrective Action On 7/23/2024, upon notification of deficient practice, the Administra Milieu Coordinator made observa at Oak Creek, Boys Ranch, and House to ensure a well-maintaine homelike environment. Any deficiencies were immediately corrected and no other deficienci were noted. Oak Creek All damaged or broken doors were replaced on 7/24/2024 (1a.1d,1e. Areas noted were cleaned on 7/23/2024 (1b,1c). Towel was removed from behind dryer on 7/23/2024 (1f).	tor and ations Haley ed es	
	side of the door on the the top.	on on the upper right-hand second panel down from		Refrigerator door handle was rep on 7/24/2024 (1g).		(6) 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WMME11

Facility ID: 2019

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04G011	B. WING		07/25/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742		
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W 104	bathroom #2 had yellot the base of the wall. c. Bathroom #1 had a yellow fluid on the basyellow staining over the behind the toilet. d. Room #8, on the roupper right-hand pane cracked and indented e. Room #4, on the hamiddle-left panel had diameter, with cracks crack. f. A towel was observe floor. g. The lower door har in the kitchen was brown the kitchen was brown the kitchen was brown to 7/23/2024 from 8:43 revealed the following a. Room #5's bathroo on the upper right-hard door. The shower in the wall next to the shower on the floor. b. There was a piece on the floor.	d to the right of the toilet in ow staining along the trim at toilet observed with wet se around the bolt, and he floor trim, to the right and som side of the door, the el, second from the top was . all side of the door, the cracking, 12 inches in coming off of the main ed behind the dryer on the hole on the black refrigerator sken on the bottom. ands at the Boys Ranch on AM through 8:51 AM	W 10	Boys Ranch Bathroom door was replaced on 7/24/2024 (2a). Clothing behind dryer was remove 7/23/2024 (2b). Bathroom was repainted on 7/24/2 (2c). Haley House Hallway light fixtures were cleaned 7/23/2024 (4a). Tires were removed and discarded 7/23/2024 (4b). Outside light fixture will be repaire replaced by 8/24/2024 (4c). Main Kitchen 14 cracked/broken tiles were removed on 7/24/2024 (3a). A capital expenditure request was approved on 8/12/2024 to have th floor replaced in the main kitchen. flooring will be replaced by 8/24/20 (3a). Roof leak was repaired and ceiling were replaced on 7/24/2024 (3b). Step 2 Identification of other with a potential to be affected by deficier practice On 7/24/2024, the Administrator identified 61 clients through censu- review that had the potential to be affected by deficient practice.	don don dor ved The 024 g tiles	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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W 104	to the toilet in several 8 inches long by 4 incleft of the sink, paint hwall board from an and. On 07/24/2024 at 1 Operating Officer (CE had been replaced. 3. During observation 07/24/2024 from 1:03 following concerns we a. In the entry hall and were 14 cracked or britles. b. A ceiling tile over thair vent had brown stanew wet brown stain. 4. During environmen on 07/23/2024 from 9 the following concerns A. On the boys' hallwalight covers had debris covers. The fluoresce area, kitchen, and girl degrees of debris inclining the covers. B. In the backyard, in Administration building by the privacy fence we growing up and aroun. C. On the back corner Administration building	places with the largest area thes wide. On the wall to the had been peeled from the ea 3 feet by 12 inches. 0:29 AM, the Chief O) stated that the doors s in the Main Kitchen on PM, through 1:30 PM, the ere identified: d main eating area there token 18 inches by 18 inches exercised and what looked like lit was raining outside. It was raining outside in the early of 6 fluorescent is and bugs visible in the int light covers, in the dining is hallways, had varying uding bugs and flies visible the corner closest to the given 5 used tires in a pile vith grass and weeds	W 104	Step 3 Ensure deficient practinot recur Milieu Coordinator and Direct Nutrition Services will in-servion identifying and addressing that affect the environment of 8/24/2024. Step 4 Monitoring The Administrator/Designee with weekly to ensure a well-maint homelike environment. Any nindings will be corrected and Administrator will be notified. Completion date 8/24/2024	or of ce staff concerns care by vill chen ained	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUC			(X3) DATE SURVEY COMPLETED			
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W 369	holder and reflector has 5. On 07/24/2024, a "maintenance requests Chief Executive Office which revealed an opitem A that had been a 7:59 AM per the CEO maintenance requests document. No mainte Items A through C we DRUG ADMINISTRATICER(s): 483.460(k)(2). The system for drug a that all drugs, includin self-administered, are This STANDARD is in Based on observation review, the facility fails were administered with case mix sample. The findings are: Client #7's "Physician were reviewed and re [grams] PO [by mouth constipation." a. On 07/23/2024 at 8 of the medication adm Practical Nurse (LPN) out into the cap at abostated that was 17 grafits.	anging only by wires. document" of the open swas supplied by the facility er (CEO) and reviewed, en maintenance request for submitted on 07/24/2024 at . There were no open is for items B and C per mance policy was provided. The discussed with the CEO. TION of the discussed with the CEO. TION of the discussed with the CEO. TION of the discussed without error, or met as evidenced by: In, interview, and record end to ensure medications thout errors for 1 (Client #7) The solution of the discussion of the discussed without errors for 1 (Client #7) The solution of the discussion of the medication out the halfway point and the selection lid had a white			Step 1 Corrective Action On 7/23/2024, upon notification of deficient practice, ADON assessed client #7 for any adverse side effect cause by incorrect dosage. No negative findings were noted. Step 2 Identification of others with potential to be affected by deficient practice On 7/23/2024, through record reviet the Administrator identified four cliet that had the potential to be affected deficient practice. Step 3 Ensure deficient practice do not recur On 7/23/2024, ADON in-serviced L#1 to ensure medications are being administered without errors.	the t ew, ents d by	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRU		(X3) DATE SURVEY COMPLETED		
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W 390	pointing to the upper if gm [grams]" next to the c. Licensed Practical to observe the medical indicator for the 17 grasee, it should have been dead of 12/202 Executive Officer (CE AM. The policy was resulting and Dispersion of the policy was resulting a written, tell from an approved presulting a written, tell from an approved presulting authorized list of presulting and Disperses the medical the nurse on duty" DRUG LABELING CFR(s): 483.460(m)(2) The facility must remoder the presulting authorized list of	lip of the white cap, and "17 he arrow. Nurse (LPN) #1 was asked ation lid and the arrow am dose. LPN #1 stated, "I sen to the top." agement" policy with a 23 received from the Chief O) on 07/24/2024 at 10:29 eviewed and read in part, insing, Medications are ignated pharmacy upon lephone, or verbal order scriber as listed on the cribers, the pharmacy tions and delivers them to		Step 4 Monitoring ADON/Designee will monitor medication pass weekly to ensu Miralax is being administered physician orders. Any negative findings will be immediately cor and Administrator will be notified. Completion date 8/24/2024 Step 1 Corrective Action On 7/24/2024, upon notification deficient practice, LPN #1 discate expired eye drops. No other finewere identified. Step 2 Identification of others with potential to be affected by deficipractice.	of rded dings
	House, in the medicat over-the-counter medi following item was fou with an expiration date	25 PM, in Willow Creek ion cabinet, where the cations were kept, the nd: A bottle of artificial tears of 03/2024. Licensed #1 confirmed the expiration		On 7/24/2024, Administrator ide 15 clients through census review had the potential to be affected deficient practice.	v, that

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
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W 454	date and threw away was responsible for clexpiration dates, LPN were responsible for chouses and throwing. On 07/24/2024 at 10:2 "policy" titled, "Medication apatient/resident bins a supply and stored in a medication room. The substances are dispostime per month by pla container" INFECTION CONTROCER(s): 483.470(I)(1) The facility must provito avoid sources and the substances are dispostime per month by pla container" INFECTION CONTROCER(s): 483.470(I)(1) The facility must provito avoid sources and the substances are dispostime per month by pla container" INFECTION CONTROCER(s): 483.470(I)(1) The facility must provito avoid sources and the substances are disposted to avoid sources are disposted to avoid sources and the substances are disposted to avoid sources and the substances are disposted to avoid sources are dis	the bottle. When asked who hecking medications #1 reported the nurses checking their assigned expired medications away. 29 AM, review of a facility ation Management," in part on Disposal" Medications atinued, expired, damaged are removed from individual and/or stock medication a separate cabinet of the ase non-controlled sed of a minimum of one cing into a separate DL de a sanitary environment transmission of infections. ot met as evidenced by: n, interview, and recorded to ensure food items sealed, labeled, and dated and palatability to minimize porne illness; hair covering in the kitchen; and expired emoved from stock, dented the ice machine was manner and equipment in half was cleaned	W 45	Step 3 Ensure deficient practice de not recur On 7/24/2024, ADON in-serviced nursing staff to check expiration de of OTC medications and dispose out-dated medications monthly. A negative findings will be corrected Administrator will be notified. Step 4 Monitoring ADON/Designee will monitor OTC medication stock monthly to ensur medication that is beyond the expiration date is removed from m room. Completion date 8/24/2024	ates of any ny and	

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W 454	serving of the meal wand Life Skills Teacher food from large servir main kitchen into smaserving utensils and pindividual tables for c Staff #1 and LST #1's the staff members we worker who had a lone a hairnet was setting of liquid and carrying clients' tables. On 07/23/2024 at 8:2 (LST) #1 verified that worn when working in and that hairnets were use by staff and clientshe had not worn a hamind". At 8:28 AM, confirmed that hairnes while serving meals a today" On 07/23/2024, during pantry at Haley House following observationshe had not worn and today" On 07/23/2024, during pantry at Haley House following observationshe had not worn and today" A 6-pound 11 ounce dent approximately 2. and ½ inch from the town and town and the following can of values and the following can of the following can of values and the following can of the following can o	ning at 7:20 AM, the ation and subsequent as observed. House Staff #1 or (LST) #1 were transferring and dishes supplied by the aller serving dishes via olacing serving dishes on lient consumption. House is hair was braided, neither of ore wearing hairnets. A client and ponytail, was not wearing the table, carrying glasses food items to the other. 3 AM, Life Skills Teacher hairnets are supposed to be a the kitchen during meals a eavailable in the office for ts. LST #1 confirmed that airnet, "today, it slipped my House Staff #1 verbally ts are supposed to be worn and stated, "but I forgot g a tour of the kitchen and a that began at 8:45 AM, the sewere made in the pantry: can of cheese sauce had a 5 inches long by 1 inch wide	W 454	Step 1 Corrective Action On 7/23/2024, upon notification of deficient practice, Haley House Ur Coordinator supplied Life Skills Teacher #1 with hairnets in which donned. Unit Coordinator discarded dented can of cheese sauce, all exfood items, and all food items that not properly labeled or refrigerated opening. Unit Coordinator also cleinside lid of ice machine. No other negative findings were identified. On 7/23/2024, upon notification of deficient practice, ADON assessed client #8, #2, and #9 for adverse si effects from using the same pill cur without cleaning it before/after use negative findings were identified. On 7/24/2024, Dietary Manager removed all 26 pints of expired mil checked to make sure a thermome was placed inside milk box. No oth negative findings were identified. Step 2 Identification of others that the potential to be affected by deficient practice. On 7/24/2024, through census revithe Administrator identified 15 clienthat had the potential to be affected deficient practice.	she ed kpired were I after eaned tide tter . No k and eter ther had cient iew,

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04G011	B. WING		07/25/2024	
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W 454	lemon frosting with a 2024"; and 2 cans of best use date by of "J-A 56-ounce containe with an opened date of with a best use by data. A small glass contain granular substance w 1/5 full. -A 32-ounce jar of strate open date of "2-14-24 directions containing, -A 15-ounce jar of sar an expiration date of "and an opened date of the manufacturer labs statement, "Refrigerate Life Skills Teacher (LS the above kitchen tour food contained in the as well as the other for client consumption, ar were confirmed. LST soutdated items and the refrigeration after open asked who was responsantly for expired item was checked, LST #1 week." On 7/23/2024 at 10:19 (LST) #1 accompanies outside storage shed with the	cookie flavor frosting with a un 16, 2024." If of powder coffee creamer of "10-1-22 [10/01/2024]" e of "Jul [July] 16, 2024." Her containing a white of the no content label or date, awberry jam, 1/2 full, with an [02/14/2024]" with label "Refrigerate after opening." Individual spread, 3/4 full, with 20 Dec [December] 2023", of "6-23-23 [06/23/2023]." It is directions contained the e after opening." In the pantry would for and the findings noted above the items that required the e items that required the pantry. When insible for checking the is and how often the pantry stated, "I amevery	W 454	Step 3 Ensure deficient practice d not recur On 7/24/2024, Unit Coordinator in-serviced Haley House staff to whairnets when handling food, checanned foods for dents upon recechecking food expiration dates, labeling and dating food items properly, cleaning the ice machine to follow manufacturer labels regard food storage after opening. On 7/24/2024, Dietary Manager in-serviced dietary staff to check rexpiration dates after vendor serviand ensure a thermometer is place milk box. On 7/24/2024, ADON in-serviced nursing staff on cleaning pill cutter between each client. ADON also contacted pharmacy in order to er pills are cut prior to being delivere facility. Step 4 Monitoring The Administrator/Designee will monitor Haley House, Main Kitche and med pass weekly to ensure for items are stored properly, sealed, labeled, and dated to maintain freshness and palatability to minim the potential for food borne illness coverings are worn at all times in the kitchen; and expired foods are promptly removed from stock, den cans are discarded; the ice machine.	rear ck ipt, e, and rding nilk ces ed in sure d to nize ; hair the ted	

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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ice machine at the top of medium amount of brown the paper towel after the Surveyor asked how ofter cleaned, LST #1 reporter cleaned it last Wednesda A facility "policy" titled, "In reviewed/revised date of reviewed on 07/24/2024 specified in part, "To previnfection in the dining are staff and residents to go proper dining area habits Personnel should also be of wearing clean clothes hairnets/gloves." The "Nutrition Services", reviewed/revised: 09/201 reviewed on 7/24/2024 a part, "POLICY: Receivit PURPOSE: To prevent for breakdown during the haitems4. b. Do not accept supplier, any item that is, damaged cans6. All personnel after the survey of the survey	n residue was noted on procedure. When the en the ice machine was d "once a weekI ay." Infection Control", with a f 2023 was received and at 12:23 PM, and went the transmission of ea through education of od personal hygiene and sb. Personal Hygiene: e aware of the necessity daily as well as "policies" with a 19 date was received and at 10:29 AM, and read in ing Food and Supplies bod spoilage and product anding and storage of all pt but return to the2. Indented, rusty, erishable products are to be rotated with each new CY: Sanitation hysical Plant3. gerators and freezers corded daily. POLICY: MILYI. Ice chine-wipe down and products are to product the control of the co	W 45	maintained in a clean mar equipment used to cut me half is cleaned between cl negative findings will be c Administrator will be notific Completion date 8/24/202	edication in lients. Any orrected and ed.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED					
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W 454	prevention of food bor refrigerator/freezer ter twice per day in dietar Refrigerator/Freezer: have been identified recorrespond with the e Each refrigerator/freezethermometer" Review of the "Patient Client #2 had diagnost intellectual disabilities disorder of childhood, disorder. Review of the "physical O7/19/2024, read in page [milligram]tab [tablet and 1/2 tab at 12 N [1]. Review of the "Patient Client #8 had diagnost disability, disruptive mactive attachment of hyperactivity disorder, disorder. Review of the "Medical dated 06/21/2024 read [milligram] 1/2 tab [tablet AM] and 12N [12:00 N sleep] for impulse" Review of the "Patient Client #9 had diagnost disabilities, conduct dishyperactivity disorder.	me illness, imperatures will be recorded by PROCEDURE: Our refrigerators/freezers hame of cottage and quipment temperature log. izer contains a working it Information Sheet" noted the est including unspecified in reactive attachment and posttraumatic stress including unspecified in an orders dated fact, "Tenex 1 mg in [at] 8AM [8:00 AM] 2:00 noon]" Information Sheet" noted, the including mild intellectual and dysregulation disorder, itsorder, attention deficit and separation anxiety in part, "Clonidine 0.1mg in part, "Cl	W 4	54				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING _ 04G011 B. WING 07/25/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1828 INDUSTRIAL DRIVE MILLCREEK OF ARKANSAS** FORDYCE, AR 71742 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) W 454 Continued From page 10 W 454 dated 05/17/2024, read in part, "...Clonidine 0.1 mg [milligram]...1/2 tab [8:00 AM] and 12N [12:00 Noon] ...Haldoi 10 mg...1/2 tab at [8:00 AM] and 12N [12:00 Noon]..." On 07/23/2024 at 11:50 AM, the Surveyor observed Licensed Practical Nurse (LPN) #1 during the noon medication pass at Willow Creek House. At 12:01 PM, LPN #1 obtained Client #8's Clonidine 0.1mg (milligram) tablet from the prescription bottle and used a pill cutter that was on the counter to cut the tablet in half. LPN #1 put 1/2 of the tablet into a medicine cup and transferred the other 1/2 back to the prescription bottle. The 1/2 tablet in the medicine cup was then administered to Client #8. LPN #1 put the pill cutter back on the cabinet without cleaning it. On 07/23/2024 at 12:10 PM, Licensed Practical Nurse (LPN) #1 obtained Client #2's Tenex 1mg tablet from the prescription bottle and used the pill cutter that was on the counter to cut the tablet in half. Licensed Practical Nurse (LPN) #1 put 1/2 of the tablet into a medicine cup and transferred the other 1/2 back to the prescription bottle. The 1/2 tablet in the medicine cup was then administered to Client #2. LPN #1 put the pill cutter back on the cabinet without cleaning it before or after use. On 07/23/2024 at 12:23 PM, Licensed Practical

Nurse (LPN) #1 obtained Client #9's Clonidine 0.1 mg (milligram) tablet from the prescription bottle and used the same pill cutter to cut Client #9's tablet in half that was on the counter that had been used for cutting Client #2 and Client #8's medication. LPN #1 put 1/2 of the tablet into a medicine cup and transferred the other 1/2 back to the prescription bottle. LPN #1 repeated the

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	04G011	B. WING_			07/25/2024
NAME OF PROVIDER OR SUPPLIER MILLCREEK OF ARKANSAS			STREET ADDRESS, CITY, STATE, ZIP COD 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742	Ę	
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
the same pill cutter was and that clients do not have when asked, LPN #1 co cutter was not cleaned be reported that it is cleaned showed a monitoring log the cleaning schedule of "Pill Cutter" with dates of 7/16/24". On 07/25/2024 at 9:45 At the Assistant Director of to the Surveyor that pill of after each use and PRN Surveyor asked if the pill between each client, the On 07/24/2024 at 10:29 Officer provided a facility	Haloperidol 10mg tablet in half. The two 1/2 sup were then 9. LPN #1 put the pill et without cleaning it in interview at 12:30 PM, is (LPN) #1 confirmed that used for all three clients ave individual pill cutters. Infirmed that the pill between clients and in weekly. LPN #1 posted on the wall for if equipment that included if "07/02/24, 07/10/24 and weekly. LPN #1 posted on the wall for if equipment that included if "07/02/24, 07/10/24 and weekly. The I cutter should be cleaned in Labor I cutter should be cleaned in ADON replied, "Yes." The Chief Executive is policy titled, "Medication is ed date of 12/2023, that is "Infection Control in inThe nurse will from the closed container is or bottle) to the inside thout contaminating the tion will be considered in contact with any side of the closed in the inside of the	W 45	54		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	04G011	B. WING _		0	7/25/2024	
NAME OF PROVIDER OR SUPPLIER MILLCREEK OF ARKANSAS			STREET ADDRESS, CITY, STATE, ZIP CODE 1828 INDUSTRIAL DRIVE FORDYCE, AR 71742			
PREFIX (EACH DEFICIENCY	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	OULD BE COMPLETION	
a. The milk box containmilk dated, "Jul [July] contain a thermomete the case, moving crativas no thermometer, retrieved a thermome box. Cook #1 was ask	n the main kitchen on PM through 1:30 PM, the ere identified: ined 26 pints of expired 2% 23", the milk box did not er. Cook #1 looked through es of milk to verify there none was found. Cook #1 ter and placed it in the milk ked if the milk box should in it. Cook #1 stated yes it	W 44	54			