CENTERS FOR MEDICARE & MEDICALD SERVICES OMULTIPLE CONSTRUCTION (PC) DATE BURGEY (COMPLETED ADDRESS, CITY, STATE, ZP CODE 1328 MOUSTRALL ORKER MILLOREEK OF ARKANSAS (PC) DATE SUPPLY (COMPLETED DATE OF SUPPLY (CAN) FORCINCE VALUE (CAN) FORCINCE VALUE PREVICES FOR VALUE (CAN) FORCINCE VALUE	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER: A. BULDING 01 COMPLETED MAIL OR PROVIDER OR SUPPLER INVING STREET ADDRESS, CITY, STATE 2IP CODE IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: STREET ADDRESS, CITY, STATE 2IP CODE MILL CREEK OF ARKANSAS IDENTIFICATION NUMBER: STREET ADDRESS, CITY, STATE 2IP CODE IDENTIFICATION NUMBER: IDENTIFICA									
NME OF PROVIDER OR SUPPLIER street Address.ctrV, starte, zir code MILLOREEK OF ARKANSAS street Address.ctrV, starte, zir code (PA) SUMMARY STREMENT OF DEFICIENCIES prevident of confection PRETIX Summary Street Mark of Deficiencies prevident of confection TAG Summary Street Mark of Deficiencies prevident of confection code street Mark of Confection Image: Street Address Carty Street Mark of Deficiencies prevident of confective Action Security Street Mark of Confective Action Street Mark of Confective							· · ·		
MILLORREE SUMMARY STATEMENT OF DEFICIENCIES REALUTION SHOULD BE PROCEEDED BY FULL TAG Intermediation (EACH CORRECTIVE AR 120 (EACH CORRECTIVE CRUSS IN OF CORRECTION (EACH CORRECTIVE CRUSS IN OF CRUSS IN OF CORRECTION (EACH CORRECTIVE CRUSS IN OF CRUSS IN OF CORRECTION (EACH CORRECTIVE CRUSS IN OF CRUSS IN OF CORRECTIVE CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUSS IN OF CRUS			04G011	B. WING			07/25/2024		
MILLORDER OF ARKANSAS FORDYCE, AR 71742 (%1) D PREEX TAG IsuMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ON LIST & REFECTED & YTILL RESULATIONY ON LIST BERTERIZED & YTILL RESULATIONY ON LIST BERTERIZED & YTILL RESULATIONY ON LIST BERTERIZED & TO UNDERSTRUCT ACTION SHOLD BE (EACH DEFICIENCY) 00% (EACH DEFICIENCY) E 000 Initial Comments E 000 Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Datias Regional Office (RO) for referral to the Office of the Inspector General (OIG) or possible fraud. If information is inadventently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. K 000 K 000 INITAL COMMENTS K 000	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
CMUID PRETX Trac SUMMARY STATEMENT OF DEFIDIENCES EACH DEFIDENCY MUST BE PROCEDED BY FULL EACH DEFIDENCY MUST BE PROCEDED BY FULL Trag Difference PREFX Trag Difference CROBE-SERVED TO THE APROPRIATE DEFIDENCY OF US DENTPYING INFORMATION Difference PREFX Difference CROBE-SERVED TO THE APROPRIATE DEFIDENCY Difference PREFX Difference CROBE-SERVED TO THE APROPRIATE DEFIDENCY Difference PREFX Difference PREFX <thdifference PREFX <thdifference PREFX<!--</td--><td colspan="4">MILL CREEK OF ARKANSAS</td><td colspan="3">1828 INDUSTRIAL DRIVE</td><td></td></thdifference </thdifference 	MILL CREEK OF ARKANSAS				1828 INDUSTRIAL DRIVE				
Prefix TxG IEACH CORFECTION WIST BE PRECEDED BY FULL REQUISIONY OR LSC IDENTIFYING INFORMATION) PREFIX TxG IEACH CORFECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) COMMENTION DEFICIENCY E 000 Initial Comments E 000 E 000 Initial Comments E 000 Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document, All information must remain unchanged exception of the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OG) for possible fraud. If information is inadvertently changed by the provider/suppler, the State Survey Agency (SA) should be notified immediately. K 000 K 000 INITAL COMMENTS K 000 K 000 If adulty is in compliance with \$483.475 - Emergency Preparedness Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. K 000 Initial Comments \$483.90 (a), life safety from fire. K 000					FORDYCE, AR 71742				
Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referant to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. The facility was in compliance with \$483.475 - Emergency Preparedness Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. K 000 K 000 INITIAL COMMENTS K 000	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT			COMPLETION	
 is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. The facility was in compliance with \$483.475 - Emergency Preparedness Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. K 000 The facility is in compliance with Title 42, Code of Federal Regulations §483.90 (a), life safety from fire. 	E 000	Initial Comments		E	E 000				
		Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. The facility was in compliance with §483.475 - Emergency Preparedness Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. INITIAL COMMENTS The facility is in compliance with Title 42, Code of Federal Regulations §483.90 (a), life safety from			000				
						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.

PRINTED: 08/05/2024