STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045166	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestpark Wynne, LLC	400 Arkansas Street Wynne, AR 72396

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview, the facility failed to provide Provider Enhanced Reporting Payroll Based Journal (PBJ), mandatory staffing data in a uniform format to the Center for Medicare and Medicaid Services (CMS) for the 2nd Quarter 2025. The findings include: The PBJ Staffing Data Report was not available upon request during a recent annual recertification survey. The Administrator revealed the facility's PBJ data for January 2025, February 2025, and March 2025 was not submitted to the state, nor to CMS. According to CMS regulations, long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS, but no less frequently than quarterly. During an interview on 07/23/2025 at 9:26 AM, the Administrator confirmed she was responsible for completing the staffing reports and sending the information to the state and CMS. She also verified she did not get the PBJ for the 2nd quarter done because she got an error with the data entry, then lost track of time, and forgot to submit it. The Administrator revealed the facility did not have a policy regarding PBJ data and reporting.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure stored foods were properly covered, proper placement of meats, seasoning container lids were closed, and expired food items were promptly removed and discarded on or before the expiration or use by date, for one of one kitchen. The findings include: During a tour of the freezer on 07/21/2025 at 10:15 AM, this surveyor and the Dietary Manager (DM) observed the following: a. An open plastic bag with two beef patties was stored on a shelf, unsealed, exposing it to cross contamination. The DM stated, If it is not sealed, it could dry it out and it does not taste as good. b. A box of frozen fruit juice cups, with an expiration date of 05/05/2024, was on a shelf. c. A box of four-ounce chocolate shakes, with an expiration date of 06/11/2025was on a shelf. d. A bag of sausage patties was on a shelf, opened and unsealed. e. A bag of catfish was on a shelf, opened and unsealed. f. A box of pork steak was on a shelf, opened and unsealed. During a tour of the dry storage area on 07/21/2025, the following observations were made: a. Two 25-pound self-rising flour paper bags were on top of a table. This surveyor observed a brownish soiled area on both bags. The DM stated, I will throw it away in the trash. I don't know what it is. It's no longer good. b. Twenty-three, 46-fluid ounce containers of moderately thick honey consistency beverages were stored on a shelf. Sixteen of the containers had a best by date of 04/29/2025, and seven of the containers had a best by date of 05/28/2025. The DM stated they should have been thrown away, and this surveyor observed the DM throw all of the containers into the trash. c. A container of BBQ sauce was stored on a shelf, with a best by date of 03/05/2025. The DM confirmed out of date products should go in the trash. This surveyor observed the DM throw the BBQ into the trash. During a tour of the refrigerator on 07/21/2025, this surveyor and the DM observed the following: A box of uncooked pork was stored on a shelf, on the shelf below were eggs and tomatoes. The DM stated, the juice can leak on to the eggs and tomatoes and contaminate them. During a tour of the cooking area on 07/21/2025, this surveyor and the DM observed the following: Three seasoning containers were stored on a shelf near the kitchen stove; the lids were open and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	unsealed. The DM stated, Stuff can get inside, and cross contamination could happen. A review of the facility policy and procedural manual titled, Food Storage, indicated date marking should be visible on all high-risk food to indicate the date by which a ready-to-eat TCS food should be consumed, sold or discarded. The facility policy and procedural manual also indicated that all frozen foods should be covered, labeled and dated. All frozen foods will be checked to assure that foods will be consumed by their use by dates or discarded. Meat, fish and poultry should be stored on loser shelves, while fruits, vegetables, juices and breads should be stored on upper shelves. 1

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure Enhanced Barrier Precautions (EBP) were implemented for one (Resident #11) of three residents reviewed for wounds. The findings include: Resident #11: During an observation on 07/24/2025 at 9:12 AM, this surveyor observed Licensed Practical Nurse (LPN) #10 provide wound care to Resident #11. LPN #10 performed hand hygiene, prepare the supplies, then put on gloves, but failed to put on a gown prior to performing the wound treatment. This surveyor also observed there was no EBP signage or Personal Protective Equipment (PPE) noted outside Resident #11's room. A review of Resident #11's Face Sheet indicated the facility admitted the resident on 05/24/2022, with diagnoses which included a urinary tract infection, dehydration, and chronic obstructive pulmonary disease. A review of Resident #11's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/20/2025, revealed a Brief Interview for Mental Status (BIMS) score of 06, which indicated the resident had severely impaired cognition. The MDS also indicated Resident #11 was dependent on staff for transfers and required substantial/maximal assistance with dressing and required set up or clean up assistance with personal hygiene. A review of Resident #11's Physician Orders revealed the resident had wound treatment orders for their left buttock. A review of Resident #11's Resident Summary assessment dated [DATE], indicated a pressure ulcer to the resident's left buttock. During an interview on 07/24/2025 at 9:20 AM, LPN #10 confirmed she was not familiar with EBP. When asked what PPE should have been worn while performing high contact care to a resident with open wounds, she stated, Gloves for sure. If they have a PEG tube, a gown too if there would be any splashing. LPN #10 confirmed she did not wear a gown during the wound treatment for Resident #11. During an interview on 07/24/2025 at 9:28 AM, Certified Nursing Aide (CNA) #5 was asked if she was familiar with EBP, she stated, No. CNA #5 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, Gloves unless there would be splashing then gown, shoe covers, mask, and goggles. During an interview on 07/24/2025 at 9:38 AM, CNA #6 was asked if she was familiar with EBP. She stated, No. Is that where you put something down before your supplies? CNA #6 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, Gloves. During an interview on 07/24/2025 at 10:00 AM, CNA #8 was asked if she was familiar with EBP. She stated, Is that putting something down to protect something? CNA #8 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, I guess all of it, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mask, gloves, gown, shoe covers to protect me. During an interview on 07/24/2025 at 10:23 AM, the Director of Nursing/Infection Preventionist (DON/IP) was asked if she was familiar with EBP. She stated, I think I've heard of that, but I can't tell you what it is. The DON/IP was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, You would need at least gloves. I know with PEG tubes; we wear a gown. I'm not sure about everything else. If there is a possibility of splashing, you would want to wear a gown, and possibly shoe covers in case they have an infection. This surveyor requested a policy or procedure for isolation. The DON/IP stated the facility did not have one. This surveyor asked about previous in-services or training provided regarding EBP. The DON/IP stated she thought there was but could not provide any previous in-services or training. During an interview on 07/24/2025 at 10:40 AM, LPN #11 was asked if she was familiar with EBP. She stated, I don't know. LPN #11 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, gloves and maybe a gown if it's a PEG tube. During an interview on 07/24/2025 at 11:00 AM, the Administrator was asked if the facility had a policy or procedure regarding EBP or isolation. She stated, No, not that I know of. During an interview on 07/24/2025 at 1:44 PM, the Advanced Practice Registered Nurse was asked if she was familiar with EBP and what residents it should be implemented for. She stated, Yes, for residents with wounds, PEG tubes, PICC lines, any unusual openings to the body. On 07/24/2025 at 12:00 PM, the DON/IP provided the Skin/Wound Log and confirmed it was an updated list. In addition, she verified Resident #11 had an open, active wound. A review of the Skin/Wound Log dated 07/09/2025, indicated Resident #11 was listed with active wounds.