STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045177	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestpark Dewitt, LLC	1325 Liberty Drive DE Witt, AR 72042

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on observation, interview, facility document review, and facility policy review, it was determined that the facility did not have a Registered Nurse (RN) at least eight consecutive hours a day for seven days a week. The findings include: A review of the licensed nurse schedules from 09/29/2025 – 03/23/2026, revealed there was no RN coverage for eight consecutive hours on the following dates: 10/04/2025, 10/05/2025, 10/11/2025, 10/12/2025, 02/28/2026, 03/01/2026, 03/14/2026, and 03/15/2026. During an interview on 03/23/2026 at 5:00 PM, the Administrator verified that there was a total of four days, out of the last four weekends, that there was no RN coverage for eight hours each day. The Administrator indicated that the weekend days with RN coverage were 03/07/2026, 03/08/2026, 03/21/2026, and 03/22/2026. In addition, the Administrator indicated the weekend days without RN coverage were 02/28/2026, 03/01/2026, 03/14/2026, and 03/15/2026. During an interview on 03/25/2026 at 8:15 AM, Licensed Practical Nurse #1 indicated there was a lack of RN coverage that happened every other weekend. During an interview on 03/25/2026 at 2:15 PM, the Director of Nursing (DON) confirmed they did not have an RN present on the dates listed above from October 2025 – March 2026. During an interview on 03/26/2026 at 9:35 AM, the Administrator indicated it was her responsibility to ensure the DON had an RN scheduled for at least eight hours each day and confirmed they did not have an RN present on the dates listed above from October 2025 – March 2026. A review of the Facility Assessment, last updated 02/20/2026, revealed RN Nursing Services to be an example of facility resources needed to provide competent support and care for the resident population every day and during emergencies.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 facility document review and interview, it was determined that the facility failed to submit the quarterly Payroll Based Journal (PBJ) information for the period of October 2025 – December 2025, to the Centers for Medicare and Medicaid Services (CMS). Specifically, the quarterly data was not submitted, per the established schedule. The findings include: A review of the facility's most recent PBJ report, dated 03/12/2026, revealed that no monthly staffing data was submitted for the timeframe of October 2025 – December 2025, to the PBJ platform. During an interview on 03/25/2026 at 2:51 PM, the Business Office Manager (BOM) stated she was responsible for submitting the PBJ data into the PBJ platform. The BOM indicated that the PBJ report was a report submitted to CMS that contained data about staffing hours that were audited from payroll records. The BOM indicated that the missing data was an error on her part, because she forgot the submission deadline of 02/15/2026. The BOM stated she had the monthly data completed, but it did not get submitted by the quarterly deadline. The BOM also indicated that by missing the submission deadline, it rendered the data as not submitted. During an interview on 03/25/2026 at 3:26 PM, the Administrator indicated it was her responsibility to ensure the BOM completed a timely PBJ submission for each respective quarter. The Administrator also indicated that the missing PBJ staffing data for October 2025-December 2025 was because the BOM did not enter the data by 02/15/2026.