

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Piggott Healthcare & Senior Living, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  450 S 9th Ave Piggott, AR 72454	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>43409</p> <p>Based on observations, interviews, and record review it was determined the facility failed to maintain proper temperatures in the facility to provide a safe comfortable homelike environment for 1 (Resident #4) of 3 residents reviewed for physical environment.</p> <p>Findings include:</p> <p>A review of Resident #4's face sheet indicated the facility admitted Resident #4 with diagnoses that included extended spectrum beta lactamase (ESBL) resistance, Chronic viral hepatitis C, malignant neoplasm of bronchus or lung, and diabetes mellitus due to underlying condition with diabetic neuropathy.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/05/2024, revealed Resident #4 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>A review of Resident #4's care plan initiated on 5/29/24 revealed the Resident was taking antibiotics for ESBL of urine. Interventions included administer medications as ordered by physician. Monitor and report any worsening signs/symptoms. Monitor for any adverse side effects.</p> <p>A review of physician's order revealed Resident #4 had orders for Meropenem solution 1 gram IV [intravenous] three times per day starting 5/22/24 and ending on 5/29/24.</p> <p>During an interview on 05/28/2024 at 10:46 AM., Resident #4 verbalized being cold and was wearing a fleeced lined blue jacket and thick grey gloves on both hands. Resident #4 confirmed the room was always cold. Resident resides on 100 hall.</p> <p>During an observation on 05/29/2024 at 9:23 AM, the thermostat on 100 hall was set at 68 degrees. The maintenance director placed a thermometer on the counter on the south end of 100 hall to obtain temperature.</p> <p>During an observation on 05/29/2024 at 9:39 AM, the thermostat in the dining room was set at 64 degrees and the temperature was 66 degrees according to the thermostat reading.</p> <p>During an observation on 05/29/2024 at 9:41 AM, the thermostat on 200 hall was set at 68 degrees.</p> <p>(continued on next page)</p>

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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 05/29/2024 at 9:46 AM, the thermostat on the north and south 300 hall was set at 70 degrees and the temperature was 73 degrees.</p> <p>During an interview on 05/29/2024 at 9:47 AM, the Maintenance Director confirmed residents have complained about being cold.</p> <p>During a concurrent observation and interview on 05/29/2024 at 10:06 AM, the thermometer placed on the south end of 100 hall was reading a temperature of 66 degrees. The Maintenance Director verbalized 66 degrees is a really cool temperature. The Maintenance Director changed the thermostat from 68 degrees to 72 degrees.</p> <p>During an observation on 5/29/24 at 12:03 PM, the thermostat on 100 hall was set at 72 degrees with a temperature reading of 69 degrees.</p> <p>During an observation on 5/29/24 at 12:04 PM, the thermometer placed on the south end of 100 hall was reading a temperature of 68 degrees.</p> <p>During an observation on 5/29/24 at 2:52 PM, the thermometer placed on the south end of 100 hall was reading a temperature of 70 degrees.</p> <p>During an observation on 5/30/24 at 8:47 AM, the thermometer placed on the south end of 100 hall was reading a temperature of 72 degrees.</p> <p>On 05/30/2024 at 9:34 AM, the Administrator stated the facility did not have a policy for physical environment and facility temperatures.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>43409</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review it was determined the facility failed to report an allegation of abuse and misappropriation of property for 3 (Resident #3, #5 and Resident #6) of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>A review of a facility policy titled Abuse Investigation and Reporting dated 07/01/2017, indicated, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management .If an incident or suspected incident of resident abuse, mistreatment, neglect, or injury of unknown source I reported, the administrator will assign the investigation to an appropriate individual .</p> <p>A review of a facility policy titled, Abuse Prevention Program dated 12/01/2016, indicated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation . Identify and assess all possible incidents of abuse. Investigate and report any allegations of abuse within timeframes as required by federal requirements .</p> <p>A review of the resident face sheet indicated the facility admitted Resident #3 with diagnoses that included Hemiplegia and hemiparesis following cerebral infarction affecting, left non-dominant side, gastrostomy status (history of), chronic pain syndrome.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/21/2024, revealed Resident #3 had a Brief Interview of Mental Status (BIMS) score of 6 which indicated the resident has severe cognitive impairment.</p> <p>During an interview on 5/28/24 at 1:57 PM, Resident #3 confirmed Certified Nursing Assistant [CNA] #1 was rough over the weekend while changing resident about a month ago and notified CNA #2 later that day. Resident #3 confirmed talking with Social Service Director [SSD], Administrator and Director of Nursing [DON] the following Monday. Resident #3 confirmed not feeling safe in the facility when CNA #1 was working.</p> <p>A review of the resident face sheet indicated the facility admitted Resident #3 with diagnoses that included Hemiplegia and hemiparesis following cerebral infarction affecting, left non-dominant side, gastrostomy status (history of), chronic pain syndrome.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/21/2024, revealed Resident #3 had a Brief Interview of Mental Status (BIMS) score of 6 which indicated the resident has severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/28/24 at 1:57 PM, Resident #3 confirmed Certified Nursing Assistant [CNA] #1 was rough over the weekend while changing resident about a month ago and notified CNA #2 later that day. Resident #3 confirmed talking with Social Service Director [SSD], Administrator and Director of Nursing [DON] the following Monday. Resident #3 confirmed not feeling safe in the facility when CNA #1 was working.</p> <p>A review of the resident face sheet indicated the facility admitted Resident #5 with diagnoses that included heart failure unspecified, non-ST elevation myocardial infarction (history of), and pain unspecified.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/09/2024, revealed Resident #5 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>Review of grievance log indicated Resident #5 filed a grievance on 3/20/24 regarding someone taking cigarettes that belonged to the resident.</p> <p>Review of grievance form indicated Resident #5 thought someone was taking cigarettes. The resolution was locking the cigarettes up behind the nursing station.</p> <p>During an interview on 05/28/2024 at 3:21 PM, the Social Service Director (SSD) confirmed talking with Resident #5 but there was no investigation to determine if cigarettes were taken because resident only had three packs and confirmed the grievance form was the facilities only documentation regarding the incident.</p> <p>During an interview on 5/29/24 at 3:41 PM, Resident #5 confirmed having four unopened packs of cigarettes and notified SSD when two packs were missing. Resident #5 verbalized the facility did not do anything about cigarettes missing and began locking the cigarettes up.</p> <p>Review of resident face sheet indicated the facility admitted Resident #6 with diagnoses of Alzheimer's disease, dementia with behavioral disturbance, moderate protein-calorie malnutrition.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/09/2024, revealed Resident #6 had a Brief Interview of Mental Status (BIMS) score of 0 which indicated the resident had severe cognitive impairment.</p> <p>A review of the grievance log revealed previous administrator filed a grievance on behalf of Resident #6 regarding Certified Nursing Assistant [CNA] #3 being rough with a resident.</p> <p>A review of the grievance form revealed CNA #3 grabbed Resident #6 shirt and was shaking resident. The previous administrator spoke to the resident's family and the family verbalized not feeling like it was abuse just inappropriate. The family did not want to involve the police or file abuse charges. CNA #3 was terminated immediately.</p> <p>Review of the termination of employment form revealed CNA #3 was terminated on 2/23/24 for sleeping and not eligible for rehire.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/30/24 at 11:49 AM, the Assistant Director of Nursing (ADON) confirmed the grievance documented on 4/8/24 regarding Resident #3 occurred over the weekend and SSD, Administrator and Director of Nursing (DON) followed up on Monday 4/8/24 and CNA #1 was suspended. ADON confirmed the allegation of missing cigarettes from Resident #5 should have been investigated and reported. ADON verbalized not being involved in the allegation of abuse regarding Resident #6.</p> <p>During an interview on 5/30/24 at 12:10 PM, the Interim DON confirmed the incident on 4/8/24 with Resident #3 should have been investigated by the facility. Interim DON confirmed allegation of missing cigarettes from Resident #5 should have been investigated and reported. Interim DON confirmed allegation of abuse from previous administrator regarding Resident #6 should have been investigated and reported.</p> <p>During an interview on 05/30/2024 at 12:30 PM, the Administrator confirmed the allegation of abuse from Resident #3 should have been investigated and reported. The Administrator stated the allegation has now been reported after speaking with Resident #3. The Administrator verbalized that the allegation of cigarettes missing should have been investigated and if the amount is less than \$50 it does not have to be reported. Administrator confirmed employment start date of 3/15/24. The administrator verbalized the previous Administrator was still working at the facility and thought it was investigated by the previous Administrator. The Administrator confirmed the allegation of abuse from the previous Administrator should have been investigated and reported.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>43409</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review it was determined that the facility failed to investigate an allegation of abuse and misappropriation of property for 3 (Resident #3, #5, and #6) of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>A review of a facility policy titled Abuse Investigation and Reporting dated 07/01/2017, indicated, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management .If an incident or suspected incident of resident abuse, mistreatment, neglect, or injury of unknown source I reported, the administrator will assign the investigation to an appropriate individual .</p> <p>A review of a facility policy titled, Abuse Prevention Program dated 12/01/2016, indicated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation . Identify and assess all possible incidents of abuse. Investigate and report any allegations of abuse within timeframes as required by federal requirements .</p> <p>A review of the resident face sheet indicated the facility admitted Resident #3 with diagnoses that included Hemiplegia and hemiparesis following cerebral infarction affecting, left non-dominant side, gastrostomy status (history of), chronic pain syndrome.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/21/2024, revealed Resident #3 had a Brief Interview of Mental Status (BIMS) score of 6 which indicated the resident has severe cognitive impairment.</p> <p>During an interview on 5/28/24 at 1:57 PM, Resident #3 confirmed Certified Nursing Assistant [CNA] #1 was rough over the weekend while changing Resident about a month ago and notified CNA #2 later that day. Resident #3 confirmed talking with Social Service Director [SSD], Administrator and Director of Nursing [DON] the following Monday. Resident #3 confirmed not feeling safe in the facility when CNA #1 was working.</p> <p>On 5/28/24 at 2:43 PM, the Administrator was informed by surveyor that Resident #3 verbalized being mistreated and hurt by CNA in April. The administrator verbalized reviewing the grievance log at this time and was going to go talk with the Resident.</p> <p>On 5/28/24 at 2:46 PM, SSD provided a copy of the grievance form and SSD progress notes of incident. Requested a copy of the incident investigation with witness statements and SSD confirmed the grievance form and SSD progress notes was the only documentation the facility has.</p> <p>Review of grievance form indicated SSD interviewed Resident #3 on 4/8/24 and resident verbalized CNA #1 was rough with her. SSD followed up with DON and CNA #1 was put on leave pending investigation. Follow up actions included terminating CNA #1 on 4/14/24.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of progress note dated 4/8/24 indicated SSD spoke with Resident #3 and Resident verbalized CNA #1 would not help, was hateful and hurt Resident's arm. SSD documented resident #3 did not feel safe with CNA #1. SSD documented resident began to cry and requested to call family.</p> <p>Review of CNA #1 employee personnel chart indicated employee was not terminated until 4/22/24.</p> <p>During an interview on 5/30/24 at 11:49 AM, the Assistant Director of Nursing (ADON) confirmed the grievance documented on 4/8/24 regarding Resident #3 occurred over the weekend and SSD, Administrator and Director of Nursing (DON) followed up on Monday 4/8/24 and CNA #1 was suspended.</p> <p>During an interview on 5/30/24 at 12:10 PM, the Interim DON confirmed the incident on 4/8/24 with Resident #3 should have been investigated by the facility.</p> <p>During an interview on 5/30/24 at 12:30 PM, the Administrator confirmed the incident with Resident #3 should have been investigated and confirmed not being made aware of potential abuse but being made aware of a situation regarding water.</p> <p>A review of the resident face sheet indicated the facility admitted Resident #5 with diagnoses that included heart failure, myocardial infarction (history of), and pain unspecified.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/09/2024, revealed Resident #5 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>Review of grievance log indicated Resident #5 filed a grievance on 3/20/24 regarding someone taking cigarettes that belonged to the resident.</p> <p>Review of grievance form indicated Resident #5 thought someone was taking cigarettes. The resolution was locking the cigarettes up behind the nursing station.</p> <p>During an interview on 05/28/2024 at 3:21 PM, the Social Service Director (SSD) confirmed talking with Resident #5 but there was no investigation to determine if cigarettes were taken because resident only had three packs and confirmed the grievance form was the facilities only documentation regarding the incident.</p> <p>During an interview on 5/29/24 at 3:41 PM, Resident #5 confirmed having four unopened packs of cigarettes and notified SSD when two packs were missing. Resident #5 verbalized the facility did not do anything about cigarettes missing and began locking the cigarettes up.</p> <p>During an interview on 05/30/2024 at 12:10 PM, the Interim DON confirmed missing cigarettes from a resident should be investigated and reported because it is theft.</p> <p>During an interview on 05/30/2024 at 12:30 PM, the Administrator verbalized it should have been investigated and if the amount is less than \$50 it does not have to be reported. Administrator confirmed employment start date of 3/15/24. The Administrator verbalized the previous Administrator was still working at the facility and thought it was investigated by the previous Administrator.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident face sheet indicated the facility admitted Resident #6 with diagnoses of Alzheimer's disease, unspecified, dementia with behavioral disturbance, moderate protein-calorie malnutrition.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/09/2024, revealed Resident #6 had a Brief Interview of Mental Status (BIMS) score of 0 which indicated the Resident had severe cognitive impairment.</p> <p>A review of the grievance log revealed previous administrator filed a grievance on behalf of Resident #6 regarding Certified Nursing Assistant [CNA] #3 being rough with a resident.</p> <p>A review of the grievance form revealed CNA #3 grabbed Resident #6 shirt and was shaking Resident. The previous Administrator spoke to the Resident's family and the family verbalized not feeling like it was abuse just inappropriate. The family did not want to involve the police or file abuse charges. CNA #3 was terminated immediately.</p> <p>Review of the termination of employment form revealed CNA #3 was terminated on 2/23/24 for sleeping and not eligible for rehire.</p> <p>During an interview on 5/30/24 at 12:10 PM, the Interim Director of Nursing [DON] confirmed this allegation should have been investigated and reported.</p> <p>During an interview on 5/30/24 at 12:30 PM, the Administrator confirmed the allegation should have been investigated and reported.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>43409</p> <p>Based on interviews and record review, it was determined the facility failed to provide Registered Nurse coverage for 8 consecutive hours in a 24-hour period for 11 of 15 days reviewed for Registered Nurse coverage.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Staffing, Sufficient and Competent Nursing dated 08/01/2022, indicated, Our facility provides sufficient numbers of nursing staff with appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment .A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week. RNs [Registered Nurse] may be scheduled more than eight (8) hours depending on the acuity needs of the resident.</p> <p>A review of the daily timecards for May 14, 2024, through May 28, 2024, indicated the facility did not have a Registered Nurse for 8 consecutive hours on 11 days starting May 7th through May 7th.</p> <p>A review of the daily timecards for May 14, 2024, through May 28, 2024, indicated the last day the DON [Director of Nursing] worked was May 16, 2024, and the facility had a Registered Nurse work on 5/18/24 for 5 hours.</p> <p>During an interview on 05/28/2024 at 9:33 AM, the SSD [Social Service Director] confirmed the facility did not have a DON.</p> <p>During an interview on 05/28/2024 at 9:37 AM, CNA [Certified Nursing Assistant] #7 confirmed the DON quit sometime last week and have not had a registered nurse in the facility since the DON quit.</p> <p>During an interview on 05/28/2024 at 9:48 AM, CNA #6 confirmed the facility did not have a Registered Nurse in the last two weeks since the DON quit.</p> <p>During an interview on 05/28/2024 at 9:54 AM, LPN [Licensed Practical Nurse] #5 confirmed the DON had not worked in the past two weeks. LPN #1 confirmed the facility did not have any Registered Nurses working since the DON quit.</p> <p>During an interview on 05/28/2024 at 9:58 AM, the Administrator confirmed the facility did not have a DON and has been without one for approximately 1 week and confirmed the facility does not have any Registered Nurses due to two Registered Nurses recently quitting their position.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43409</p> <p>Based on observations and interviews it was determined that the facility failed to implement enhanced barrier precautions as recommended.</p> <p>Findings include:</p> <p>A review of a facility manual titled, Nursing Services Policy and Procedure Manual for Long-term care Infection Control, dated 03/01/2022, did not indicate any information regarding Enhanced Barrier Precautions [EBP].</p> <p>During an observation on 05/28/2024 at 10:02 AM, the facility did not have any EBP signs on resident rooms and did not observe any personal protective equipment [PPE] within close proximity of resident rooms.</p> <p>During a concurrent observation on 05/28/2024 at 3:25 PM, the facility did not have any EBP signs on resident rooms and did not observe any personal protective equipment [PPE] within close proximity of resident rooms.</p> <p>During a concurrent observation on 05/29/2024 at 11:23 AM, the facility did not have any EBP signs on resident rooms and did not observe any personal protective equipment [PPE] within close proximity of resident rooms.</p> <p>During an interview on 05/29/2024 at 1:59 PM, the Administrator confirmed the facility has not implemented EBP.</p> <p>During an interview on 05/30/2024 at 11:05 AM, Certified Nursing Assistant [CNA] #4 confirmed the facility has not provided any education or training on EBP and did not know which residents required EBP.</p> <p>During an interview on 05/30/2024 at 11:49 AM, the Assistant Director of Nursing [ADON] confirmed the facility has not implemented EBP and did not know when the EBP was initiated.</p> <p>During an interview on 05/30/2024 at 12:10 PM, the Interim Director of Nursing [IDON] confirmed the facility has not implemented EBP.</p>