STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045303	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestpark Stuttgart, LLC	707 West 20th Street Stuttgart, AR 72160

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 46724 Based on observation, interview, and record review, the facility failed to ensure the call light was placed within reach of 3 (Residents #3, #4 and #5) of five sampled residents to enable them to call for assistance when needed. The findings are: 1. Review of the Physician's Orders for August 2024 noted Resident #3 had a diagnosis of dementia. Review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/30/2024 with a Brief Interview for Mental Status (BIMS) of 7 (7-12 indicates moderate cognitive impairment) noted Resident #3 ambulated in a wheelchair and required maximal assistance with toileting and supervision/touch assistance with transfers. On 08/14/2024 at 9:58 AM, Resident #3 was observed lying in bed, there was a wheelchair on the left side of the bed and the right side of bed was against the wall. The resident's call light was hanging down from wall, lying on the floor on the left side of the bedside table, out of the resident's reach. When this surveyor entered the room, Resident #3 requested to be assisted up in a wheelchair. Review of Resident #3's Care Plan with a revision date of 05/30/2024 noted the resident needed assistance with transfers and toileting and was at risk for falls with an intervention to keep the call light in reach. 2. Review of Resident #4's August 2024 Physician's Orders noted the resident had diagnoses of complete traumatic amputation of lower extremity, and unspecified weakness. Review of Resident #4's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/27/2024 noted a Brief Interview for Mental Status (BIMS) of 12 (8-12 indicates moderate cognitive impairment), and the resident ambulated in a wheelchair, had bilateral impairment to the lower extremities, and was dependent for transfers, turning and toileting. On 08/14/2024 at 10:00 am, Resident #4 was observed lying in bed, the call light was not attached to the bed, but was lying on the floor not in the resident's reach. Review of Resident #4's Care Plan with a revision date of 06/27/2024 noted the resident was at risk for falls and to keep call light in reach. (continued on next page)

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

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	045303	A. Building B. Wing	08/15/2024

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of Resident #5's August 2024 Physician's Orders noted the resident had a diagnosis of Congestive Heart Failure. Review of Resident #5's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/18/2024 noted a Brief Interview for Mental Status (BIMS) of 13 (13-15 indicates cognitively intact), and the resident ambulated via wheelchair and was dependent for toileting and transfers. Review of Resident #5's Care Plan with a revision date of 07/18/2024 noted the resident was to keep the call light in reach due to resident's need for assistance, risk of falls and need for incontinent care. On 08/14/2024 at 10:05 AM, Resident #5 was lying in bed. The resident ' s call light was lying on the floor and another call light was attached to a privacy curtain at the foot of the resident's bed. Neither call light was in reach of the resident. On 08/14/2024 at 3:10 PM, Certified Nursing Assistant (CNA) #1 was interviewed and confirmed it is important for the call lights to be in reach of residents so they can call for assistance when needed. On 08/14/2024 at 3:22 PM, during an interview, CNA #2 stated it was important to ensure the call light is in the resident's reach in case the resident has an emergency. On 08/15/2024 at 11:14 PM, when the Director of Nursing (DON) was asked if they had a policy or in-service for the call lights, she replied call lights are basic nursing and they did not have an in-service or specific policy on them.

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	045303	A. Building B. Wing	08/15/2024

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46724 Based on observations, interview and record review the facility failed to keep heating and air ventilation clean to prevent potential airborne sickness for all 47 residents who reside in the facility. The findings are: On 08/15/2024 between 9:40 AM, and 10:40 AM, during rounds, this surveyor observed air vents with a dark black substance coating much of the outside in resident rooms: 16, 25, 28, 30, 31, 32, 33, 34, 35, 36, 38, and in the men and women's bathrooms on the east and west halls. In addition, a dark black substance, approximately 5 inches by 3 inches, was noted on the ceiling tile directly above the vent in room [ROOM NUMBER]. On 08/15/2024 at 10:45 AM, when the Housekeeping Supervisor was asked to describe the black substance on the vents in the resident's rooms, she said it may be smoke from some wires that melted and smoked after a water pipe burst in the ceiling last December (2023). When the Housekeeping Supervisor accompanied this surveyor to the women's bathroom on the east hall and was asked to describe the vent in the center of the bathroom ceiling. She commented that it looked like dust and mold from the ceiling being wet after the leak and then. She stated it was maintenance's responsibility to clean the vents. On 08/15/2024 at 11:11 AM, the Maintenance Director accompanied this surveyor to the women's bathroom on the east hall and when asked to describe the vent, he confirmed it was mold, then commented if he cleaned it, it would just come back. He stated he could get the company that fixed the roof to come and check up in the ceiling for water. He confirmed that the Administrator was aware of the mold. On 08/15/2024 at 11:40 AM, the Administrator accompanied this surveyor to the Rooms 33, 35, and the women's bathroom on the east hall. She denied knowing about the black substance on the vents in the bathrooms and in the resident rooms. She stated she would get it taken care of right away. On 08/16/2024 at 10:30 AM, the Administrator was asked for a policy on cleaning vents. She stated they did not have one.