

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  The Villages of General Baptist Health Care West		STREET ADDRESS, CITY, STATE, ZIP CODE  6810 South Hazel Street Pine Bluff, AR 71603	

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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have policies on smoking.</p> <p>46724</p> <p>Based on observations, interviews, and record review, the facility failed to keep smoking materials secured and provide adequate supervision during all smoke breaks to prevent potential injury for one (Resident #1) of one sampled resident reviewed for smoking.</p> <p>The findings include:</p> <p>The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/02/2024, revealed Resident #1 had a Brief Interview for Mental Status [BIMS] score of 14 which indicated the resident was cognitively intact and had diagnoses of Dementia and Chronic obstructive pulmonary disease [COPD].</p> <p>During an observation on 04/02/2024 at 9:57 AM, Resident #1 was lying in bed on his/her side with back to the door, the over bed table was parallel to the right side of the bed, and a blue package of cigarettes and a white disposable lighter was sitting on top of table.</p> <p>During an observation on 04/03/2024 at 11:03 AM, Resident #1's bedside table drawer was open and two blue packages of cigarettes were in the drawer.</p> <p>A review of Resident #1's April Physicians Orders did not address residents smoking.</p> <p>A review of Resident #1's Care Plan initiated, 02/12/2024 did not address smoking status but did indicate the resident received prn (when necessary) oxygen.</p> <p>On 04/02/2024, no smoking assessment was located in Resident #1 ' s health record.</p> <p>On 04/03/2024 at 01:45 PM, Licensed Practical Nurse [LPN] #1 was asked if any residents keep their own smoking supplies, LPN #1 stated , Not supposed to, but you see residents out in smoking area unsupervised smoking when it's not smoke break time.</p> <p>During an interview on 04/03/2024 at 2:10 PM, Certified Nursing Assistant (CNA) #1 was asked who is responsible for supervising resident smoke breaks? CNA #1 responded that the activity person is supposed to do smoke breaks but whoever has time does it. They were then asked if they were aware of any resident that keep their own smoking supplies, they stated, They are not supposed to, but there are some residents that try to sneak.</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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/03/2024 at 10:30 AM, the Surveyor asked LPN #2, Who supervises smoke breaks? LPN #2 stated, The activity person is supposed to, but whoever has time. I've done it lots of times. The Surveyor asked where cigarettes and lighters were kept. LPN #2 said, In a lock box in the medication room. The Surveyor asked if any residents keep their own smoking supplies. LPN #2 stated, They are not supposed to but I've seen some residents smoke when it's not smoke break time.</p> <p>A review of a facility policy titled, Smoking Policy-Residents obtained from the Administrator on 04/04/2024 at 02:37 PM documented, .The resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker, the evaluation will include: a. Current level of tobacco consumption: b. Method of tobacco consumption (traditional cigarettes; electronic cigarettes; pipe, etc.); c. Desire to quit smoking, if a current smoker; and d. Ability to smoke safely with or without supervision (per a completed Smoking Evaluation) .Residents without independent smoking privileges may not have or keep any smoking articles, including cigarettes, tobacco, etc., except when they are under direct supervision .</p>