STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045379	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villages of General Baptist Health Care West	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)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37634 Based on interview and record review the facility failed to ensure a discharge summary was completed on 1(Resident #3) of 4 (Resident #3, Resident #4, Resident #5, and Resident 8) discharged sampled residents. The findings are: A review of Resident #3's Medical Diagnosis List indicated the resident had a diagnosis of type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene. A review of Resident #3's Discharge Minimum Data Set (MDS) with an Assessment Reference Date of 04/01/2024 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score or 15, which indicated the resident was cognitively intact. The resident required maximum assistance with activities of daily living (ADL's). The discharge MDS indicated Resident #3 was discharged on [DATE]. On 07/01/2024 at 2:20 PM, Resident #3's medical records were reviewed. There was not a discharge summary in the medical records. On 07/02/2024 at 8:45 AM, during an interview, Registered Nurse (RN) #9 indicated the nurses are responsible for completing the discharge summary when a resident discharges. On 07/02/2024 at 12:30 PM, during an interview the Administrator confirmed a discharge summary wasn't completed for Resident #3. She indicated that a discharge summary should be completed by the nurse within 24-48 hours after a resident discharge, and that the facility doesn't have a policy for discharges.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 49071 Based on observations, interviews, record review, and the facility failed to ensure care and services were provided to prevent pressure ulcer development for 2 (Residents #10 and #11) of 3 sampled residents reviewed for pressure ulcers and/or skin concerns. Specifically, the facility failed to monitor the resident's skin by not following physician orders for dressing changes. The findings are: On 07/02/2024 at 10:54 AM, the Surveyor asked for a wound care policy, or guideline. The Administrator informed the surveyor the facility did not have a policy for Wound care or a Guideline. 1. Review of Resident #10's Medication Administration Record noted the resident had diagnoses of unspecified dementia, pressure ulcer of back, buttock, and hip, stage 4, type 2 diabetes, acquired absence of left below the knee amputation, encounter for aftercare following surgery on skin and subcutaneous tissue, and unspecified open wound right leg. a. Review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/09/2024 documented Resident #10 scored 0 (0-7 indicates severely cognitively impaired) on a Brief Interview for Mental Status (BIMS) and had one Stage 4 pressure ulcer. b. Review of the Physician Orders dated 05/30/2024 noted Resident #10 had the following pressure ulcer/wound cleaning orders: i. Sacrum wound to be clean with normal saline, apply collagen to wound bed then cover with border foam dressing one time a day. ii. Left Below the Knee Amputation to be cleaned with normal saline. Apply petroleum based gauze and cover with foam border dressing. Change every Monday, Wednesday, and Friday. iii. Right Below the Knee Amputation to be cleaned with normal saline. Apply petroleum based gauze and cover with foam border dressing. Change on Monday, Wednesday, and Friday. c. On 07/02/2024 at 8:21 AM, the Surveyor asked Certified Nursing Assistant (CNA) #13 accompany the surveyor to Resident #10's room to observe the dates of the dressings on Resident #10. CNA #13 verified the dressings to both leg amputation wounds were dated 06/28/2024. CNA #13 verified the sacral dressing was dated 06/28/2024. d. On 07/02/2024 at 12:41 PM, the Surveyor observed through record review that the last skin audit for Resident #10 was dated 05/22/2024. 2. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/12/2024 documented Resident #11 scored 0 (0-7 indicates severely cognitively impaired) on a Brief Interview for Mental Status (BIMS). (continued on next page)

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Review of the Physician Orders dated 05/10/2024 noted Resident #11 was to have the sacral wound cleanse with wound cleanser, packed with collagen, then covered with bordered foam dressing, every day and as needed. The Care Plan with revision date of 05/23/2024 noted the resident had potential/actual impairment to skin integrity of the Sacral related to fragile skin. Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. On 07/01/2024 at 11:39 AM, the Surveyor accompanied the Assistant Director of Nursing (ADON) to do Resident #11's sacral wound dressing. Resident #11 was turned to the side and the Surveyor had the ADON verify the date on the dressing that she was removing. The ADON replied it was dated 6/28/2024. The ADON discarded the soiled dressing into a red bag and proceeded to perform wound care. The Surveyor asked the ADON to again verify the date on the dressing. The ADON replied, Yes, it was dated 6/28/2024. The Surveyor asked the ADON to read the order to the surveyor. The ADON verified the order cleanse wound with wound cleanser and pack with collagen gauze and cover with bordered foam dressing every day and as needed. The Surveyor asked who is responsible for assuring the wound care gets done as ordered. The ADON replied the treatment nurse does, or the charge nurses do wound care on their hall if the treatment nurse isn't here. The Surveyor asked where are the supplies kept for wound care. The ADON replied in the treatment nurse's office and some of them are in central supply. The Surveyor asked if the nurses have access to the treatment nurse's office. The ADON replied yes, the treatment nurse's keys are left at the nurse's station for them when she isn't here and on weekends. On 07/01/2024 at 11:49 AM, the Surveyor asked Licensed Practical Nurse (LPN) #8 who was responsible for doing wound care for the residents. LPN #8 replied the treatment nurse was. The Surveyor asked if the treatment nurse isn't here who is responsible. LPN #8 replied the charge nurses are. The Surveyor asked do the nurses have keys to the treatment nurse's office to get supplies needed to do wound care. LPN #8 replied no, we don't have access to the treatment nurse office or central supply. On 07/01/2024 at 11:52 AM, the Surveyor asked Licensed Practical Nurse (LPN) #15 who was responsible for doing wound care for the resident's when the treatment nurse isn't here. LPN #15 replied the charge nurses are. The Surveyor asked how do you get supplies to do the wound care. LPN #15 replied the treatment nurse leaves her cart outside of her office when she isn't here. The Surveyor asked if you need something out of her office, how do you get it. LPN #15 replied there is always someone who has the key. The Surveyor asked what if there was not anyone with a key. LPN #15 replied she would call the treatment nurse or Administrator. On 07/02/2024 at 10:44 AM, the Surveyor asked the Administrator who was responsible for making sure resident wound care is performed per physician orders. The Administrator replied, the treatment nurse is. The Surveyor asked who was responsible for doing the wound care when the treatment nurse is not here. The Administrator replied, the charge nurses do them on their halls. The Surveyor asked who was responsible for doing the wound care on the weekends. The Administrator replied, the charge nurses are. The Surveyor asked what negative outcome could occur if wound care isn't performed according to physician orders. The Administrator replied, I cannot answer that, I am not a nurse. On 07/02/2024 at 11:50 AM, the Surveyor observed through record review the last skin audit performed on Resident #11 was dated 05/28/2024.

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 37634 Based on observation and interview, the facility failed to ensure a Director of Nursing (DON) was employed full-time. The findings are: On 07/01/2024 at 9:15 AM, the Administrator provided a list of the key personnel. The list did not have a DON named. On 07/01/2024 at 12:30 PM, the Administrator indicated the facility has not had a DON since March 20, 2024. The Administrator indicated the facility doesn't have a policy for DON coverage. On 07/01/2024 at 2:30 PM, the Administrator indicated the facility should have a fulltime DON.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 49071 Based on observations, interviews, document review, and policy review, the facility failed to maintain an effective pest control program throughout the entire facility and in one of one kitchen as evidenced by the presence of flies in the kitchen, dining room, resident rooms, as well as hallways. The findings are: On 07/01/2024 at 2:42 PM, during review of the policy titled, Pest Control, the policy noted, Policy Interpretation and Implementation. 1. The facility maintains an on-going pet control program to ensure that the building is kept free of insects and rodents. On 06/30/2024 at 9:32 AM, while the surveyor was rounding, the surveyor observed flies on the 200, 400, and 500 hallways, and common areas where residents sit, and in the resident rooms. On 06/30/2024 at 12:05 PM, the surveyor observed flies sitting on the resident's food, mashed potatoes and gravy, while they were attempting to eat. Residents and staff were waving them off the food for the entire meal. On 06/30/2024 at 12:21 PM, the surveyor went back into the kitchen and observed flies in the kitchen area where staff were working on the food line preparing the trays for the halls. There were flies on the food line and landing on the food. On 07/01/2024 at 12:07 PM, the surveyor observed flies on resident food in dining room. On 07/01/2024 at 2:08 PM, on the 200, 400, and 500 hallways, the surveyor observed flies in the hallways, the common areas, and the resident rooms. During interview conducted on 06/30/2024 at 1:19 PM, Certified Nursing Assistant (CNA) #1 revealed the facility does have a big problem with flies throughout the facility, but has never seen a mouse in the facility, however, there is a problem with roaches in the kitchen area where food is prepared and in the dining area where the residents eat. On 07/01/2024 at 9:18 AM, the surveyor went into the kitchen and dishwashing area. The surveyor had Dietary Aide #3 verify what the small brown insect was on the floor in the dish washing area. Dietary Aide #3 replied that is a roach and that roaches are spotted at times in the kitchen, but they report them to management and the pest control will come and spray. On 07/01/2024 at 2:52 PM, during an interview Housekeeping/Floor Aide #2 revealed there were roaches in the rooms on the 500 Hall and the I the hallway. Housekeeping/Floor Aide #2 revealed there are flies throughout the building but especially in the dining room where the residents eat. Housekeeping/Floor Aide #2 denied seeing any mice in the facility. During an interview conducted on 07/01/2024 at 2:57 PM, Registered Nurse (RN) #5 revealed there was a problem with flies in the facility and roaches at the nurse ' s station. RN #5 revealed it is reported to maintenance when she sees the roaches. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/01/2024 at 3:02 PM, Certified Nursing Assistant (CNA) #6 revealed roaches were seen in the resident rooms, and there are flies everywhere in the facility. During an interview on 07/02/2024 at 8:09 AM, the Administrator revealed she was aware of the roaches and flies in the facility and the facility signed a new contract with a pest control company on 12/4/2023. She continued to say that they came out weekly for a few months and are now coming out monthly. The pest control serviceman is getting us a price contract to control the fly problems that the facility is having.