

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER St Elizabeth's Place		STREET ADDRESS, CITY, STATE, ZIP CODE 3010 Middlefield Drive Jonesboro, AR 72401	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50923</p> <p>Based on observation, record review, interviews, and facility policy review, it was determined that the facility failed to ensure staff performed hand hygiene and utilized necessary personal protective equipment (PPE) for 1 (Resident #27) of 1 resident reviewed for isolation precautions.</p> <p>The findings are:</p> <ol style="list-style-type: none">1. A review of the Admission Record noted Resident #27 was initially admitted to the facility on [DATE], with diagnoses which included severe intellectual disability and autistic disorder.2. A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/25/2025, revealed Resident #27 was unable to complete a Brief Interview for Mental Status (BIMS), with a score of 00.3. A review of the Physician Order Summary revealed Resident #27 was on enhanced barrier precautions (EBP), due to the wound to their left knee.4. During an observation on 05/20/2025 at 5:30 AM, CNA #2 and CNA #3 were observed transferring Resident #27 using a mechanical lift and changing Resident #27's clothing. Both CNAs failed to utilize a gown while providing care. The CNAs also failed to perform hand hygiene after removing their gloves following the care and before exiting the room.5. During an interview on 05/20/2025 at 5:30 AM, CNA #3 confirmed Resident #27 was on EBP and that she and CNA #2 should have worn gowns while providing high-contact care to Resident #27. CNA #3 confirmed neither she nor CNA #2 performed hand hygiene after removing their gloves.6. During an interview on 05/20/2025 at 5:35 AM, CNA #2 confirmed Resident #27 was on EBP, which required a gown and gloves to be worn during close contact care. When asked why it was important to adhere to EBP while providing care, she stated to protect the residents. CNA #2 confirmed she did not perform hand hygiene after removing her gloves and before leaving the room. <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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>7. A review of the Enhanced Barrier Precaution policy, last revised 08/2022, indicated: EBPs employ targeted gown and glove used during high contact resident care activities when contact precautions do not otherwise apply. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). Personal protective equipment (PPE) is changed before caring for another resident. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include dressing, bathing/showering, transferring, and providing hygiene.</p> <p>8. A review of the Hand Hygiene policy, with a revision date of October 2023, revealed Hand hygiene is indicated immediately before touching a resident, after touching a resident, after contact with blood, body fluids, or contaminated surfaces, before moving from work on a soiled body site to a clean body site on the same resident, and immediately after a glove removal.</p> <p>9. During an interview on 05/22/2025 at 10:53 AM, Lead CNA #4 confirmed that hand hygiene before and after care was provided was an important part of infection control practices and this was how the facility trained staff to perform tasks. Lead CNA #4 also confirmed EBP and utilizing proper PPE was an important step in maintaining proper infection control.</p> <p>10. During an interview on 05/19/2025 at 11:48 PM, the Director of Nursing (DON) confirmed all staff, including CNAs and nurses, received training on hand hygiene and EBP and a check-off list, in which staff were to demonstrate/teach back to the trainer, was completed once they were trained, to confirm knowledge.</p>		