

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Greene Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  2402 Country Club Road Paragould, AR 72450	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>50682</p> <p>Based on observation, and interview, the facility failed to ensure accommodation of needs were met by not ensuring the call light was within reach for one (Resident #23) of one resident</p> <p>The findings are:</p> <p>Resident #23 had a diagnosis of vascular dementia as listed on the Medical Diagnosis sheet.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/2023 revealed the resident received a score of three on a Staff Assessment for Mental Status (SAMS), indicating Resident #23 was moderately cognitively impaired.</p> <p>a. On 07/15/2024 at 3:10 PM, Resident #23 was observed to be lying in bed. The call light was observed to be at the very top of the bed behind the curtain and out of reach of the resident. Registered Nurse (RN) #2 entered the room. The surveyor asked where the resident's call light should be located. RN #2 stated it should be next to the resident's hand so it would be within the resident's reach.</p> <p>b. On 07/16/2024 at 9:39 AM, Resident #23 was in bed. The call light was noted to be lying on the other bed and well out of reach of Resident #23. Certified Nursing Assistant (CNA) #3 was asked to step into the room. The surveyor asked CNA #3 if the call light was within reach of Resident #23. She said it was not but that it should be. CNA #3 placed the call light on Resident#23's bed next to the resident's hand.</p> <p>c. On 07/17/2024 at 11:48 AM, the Administrator was asked if the facility had a policy and procedure for call lights. He said there was not one.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50682</p> <p>Based on observation, interviews, and record review, the facility failed to ensure interventions were implemented to promote safety while smoking for one (Resident #78) of one sampled resident.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the Diagnosis Report revealed Resident #78 had diagnosis of chronic obstructive pulmonary disease (COPD) and major depressive disorder.</li> <li>2. Review of the 5 day Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 03/22/2024 noted Resident #78 scored 15 on a Brief Interview for Mental Status (BIMS) indicating the resident was cognitively intact.</li> <li>3. Review of the Smoking assessment dated [DATE] indicated Resident #78 was safe to smoke without supervision but does require smoke apron.</li> <li>4. Review of Resident #78's Care Plan initiated 07/09/2024 stated, .The resident can smoke UNSUPERVISED.The resident requires a smoking apron while smoking .The resident's smoking supplies are stored in the med [medication] room. NO LONGER SAFE TO KEEP CIGARETTES WITH [resident] .</li> <li>4. On 07/15/2024 at 2:56 PM, Resident #78 was observed in the smoking room, unsupervised, with no smoking apron on.</li> <li>5. On 07/16/2024 at 10:16 AM, the surveyor observed Resident #78 in the smoking room smoking a cigarette with no supervision and no smoking apron. Resident #78 had cigarettes and lighter in their possession</li> <li>6. On 07/17/2024 at 9:36 AM, Certified Nursing Assistant (CNA) #1 was asked where Resident #78's smoking paraphernalia was kept. CNA #1 stated that the resident was allowed to keep her cigarettes and lighter in her room, in the drawer. CNA #1 was asked if Resident #78 required a smoking apron while smoking and she stated that Resident #78 did require a smoking apron but that she doesn't always use it.</li> <li>7. On 07/17/2024 at 9:47 AM, Registered Nurse (RN) #2 was asked if Resident #78 required a smoking apron and if she was allowed to keep smoking paraphernalia in her room. RN #2 stated it would be care planned and a smoking assessment would determine.</li> <li>8. On 07/17/2024 at 10:00 AM, the Director of Nursing (DON) was interviewed about Resident #78's care plan and smoking assessment. The DON was asked if Resident #78 should be using a smoking apron according to his/her care plan, and the DON stated Resident #78 should be using an apron and that the resident's cigarettes and lighter should not be kept in the resident's room according to the smoking assessment dated ,d+[DATE].</li> </ol> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. A review of the facility policy titled, Policy and Procedure - Smoking, indicated, .8. Upon a Resident's admission to the facility, designated Facility Employees will conduct an assessment to establish guidelines for each Resident who wishes to smoke. Any restrictions will be noted in the Resident's record. A resident's smoking procedures will be addressed in the Resident's care plan. Residents will be assessed for keeping any smoking paraphernalia in their possession or locked up by nursing staff.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49689</p> <p>Based on observation, record review and interview the facility failed to ensure that food was labelled correctly, and hand hygiene was performed in the kitchen to prevent cross contamination.</p> <p>The findings are:</p> <p>On 07/15/2024 at 10:45 AM, during an observation of the walk-in refrigerator, the surveyor noted two cardboard boxes containing a full sheet of strawberry shortcake to be used for lunch the following day, neither were labeled with a date. The Dietary Manager confirmed the findings.</p> <p>On 07/15/2024 at 10:47 AM, the surveyor observed 5 full bags of lettuce, and 1/4 of a bag of lettuce with no date, the lettuce in the open bag was turning brown with liquid at the bottom. The Dietary Manager confirmed the findings and stated that they were throwing away the open bag as it looked old.</p> <p>On 07/15/2024 at 10:48 AM, the surveyor observed a full container of cream cheese not sealed on the top left shelf of the refrigerator, with a received date of 06/26/2024. The Dietary Manager confirmed that it was not sealed.</p> <p>On 07/15/2024 at 10:52 AM, during observation in the dry storage area was a 1/4 full bag of fettucine pasta that was not sealed. The Dietary Manager confirmed the findings.</p> <p>On 07/15/2024 at 10:53 AM, during observation in the dry storage area was a bin of eight 1.5 pound full bags of white pepper gravy with no received date on the bin or individual bags. The Dietary Manager confirmed the findings.</p> <p>On 07/15/2024 at 10:54 AM, during observation in the dry storage area was a bin of ten, 13 ounce full bags of brown gravy with no received date on the bin or individual bags. The Dietary Manager confirmed the findings.</p> <p>On 07/15/2024 at 10:55 AM, during observation in the dry storage area was a bin of six 1.4 pound full bags of chicken gravy with no received date on the bin or individual bags. The Dietary Manager confirmed the findings.</p> <p>On 07/15/2024 at 10:56 AM, during observation in the dry storage area on the lowest shelf were two boxes of croissants with no received date, The Dietary Manager confirmed the findings and said there were approximately 25 croissants.</p> <p>On 07/15/2024 at 10:58 AM, during observation in the walk-in freezer, an opened bag of French fries was not sealed properly. The Dietary Manager confirmed the findings and stated that the French fries had ice crystals on them.</p> <p>On 07/15/2024 at 11:05 AM, on a prep table, the lower shelf contained a 42 ounce container of quick oats that was opened and not dated. The Dietary Manager confirmed the findings.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 07/16/2024 at 10:51 AM, the surveyor observed the Dietary Aide adding 12 beef fritters to the fryer basket with gloved hands. After putting the basket in the fryer, the Dietary Aide then removed her gloves. She then put on new gloves to clean the prep table and put away the frozen beef fritters with no hand hygiene in between.</p> <p>On 07/16/2024 at 11:39 AM, the Dietary Manager put on gloves to redo the pureed potato salad, as the previous batch was contaminated. She checked the consistency against her gloved hand to ensure it was pudding consistency. The Dietary Manager took off the glove and put on another glove with no hand hygiene. She cleaned up the work area and took the temperature of the pureed potato salad before performing hand hygiene.</p> <p>On 07/17/2024 at 3:30 PM, during an interview the Dietary Manager said hand hygiene should be performed in between tasks, changing gloves, or anytime your hands become contaminated. She then stated it is to prevent cross contamination in the kitchen.</p> <p>On 07/18/2024 at 8:35 AM, during an interview the Dietary Aide said you should perform hand hygiene before you start anything and when you change gloves, to prevent cross contamination.</p> <p>On 07/18/2024 at 9:02 AM, the surveyor asked the Administrator for hand hygiene and food storage polices for the kitchen. The Administrator said they do not have those policies, they are following Medicaid/Medicare guidelines.</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>43262</p> <p>Based on observation, record review, interview and facility policy review, it was determined the facility failed to ensure staff performed hand hygiene before applying and taking off gloves, before, during and after perineal care for 1 (Resident #63) sampled resident observed during incontinent care. Additionally, the facility failed to ensure dirty wipes were not placed on clean wipes to prevent cross contamination during incontinent care for Resident #63.</p> <p>The findings are:</p> <p>On 07/15/2024 at 1:14 PM, Certified Nursing Assistant (CNA) #4 and CNA #5 were observed assisting Resident #63 from a wheelchair with a lift into the resident's bed. After getting the resident into bed, the CNAs proceeded to perform incontinent care on Resident #63 without performing hand hygiene before putting on gloves. The CNAs rolled Resident #63 onto the resident's left side, then CNA #4 performed incontinent care on the resident by handing a soiled perineal wipe across the resident to CNA #5 to dispose of in a trash bag placed on the resident's nightstand. CNA #5 put the soiled wipe in the trash bag, handed the trash bag to CNA #4, then without changing gloves, put her right hand on the resident's back to prevent the resident from falling. CNA #4 took the trash bag and laid it on resident's bed. CNA #4 picked up a stack of clean wipes in her left hand, then proceeded to perform incontinent care on the resident with her right hand. CNA #4 would take a soiled wipe in her right hand, place it on top of the clean wipes in her left hand, and fold it over before disposing of it in the trash bag. CNA #4 did not perform hand hygiene between putting on and taking off her gloves.</p> <p>On 07/15/2024 at 1:37 PM, CNA #4 was asked would you have done anything different during incontinent care? She said no. The surveyor asked should you put dirty wipes on top of clean wipes to fold them after using them? CNA #4 said no, that's cross contamination. The surveyor asked should hand hygiene be performed before and between glove change. CNA #4 said yes.</p> <p>On 07/15/2024 at 1:45 PM, CNA #5 was asked if they should have done anything different during incontinent care. She said no. The surveyor asked if the resident should be touched with dirty gloves after disposal of dirty wipes in the trash bag on the nightstand. She said no. The surveyor asked if hand hygiene should be performed before and between glove changes. CNA # 5 said yes.</p> <p>On 07/18/2024 at 8:10 AM, the Infection Control (IC) Nurse said for infection control to be maintained during incontinent care, we have to be sure to wipe properly, front to back, wear gloves and wash hands when going from dirty to clean, before putting on gloves and after care is finished. The surveyor asked if a CNA should touch a soiled wipe then return to hold the resident without changing gloves or washing their hands. The IC said that is probably not the best practice. I need to ensure education is provided.</p> <p>On 07/18/2024 at 8:14 AM, the Director of Nursing (DON) said to maintain infection control during incontinent care, wiping front to back, changing gloves before and after perineal care, having disposal bag within reach, right beside me. The surveyor asked if a CNA should touch a soiled wipe then return to hold the resident without changing gloves or washing hands. The DON said, No because that is contamination.</p> <p>(continued on next page)</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>On 07/18/2024 at 9:00 AM, the DON said there was not a hand hygiene policy.</p> <p>A policy and procedure found in the Infection Control Book provided by the Infection Preventionist documented, Policy: To provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections .(f) The hand hygiene procedures to be followed by staff involved in direct resident contact .</p> <p>A copy of the new employee orientation with competency checkoff documented, .Hand Washing .Hands should always be washed before and after contact with each resident. Hands should be washed even when gloves have been used .</p>