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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>045437 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>04/12/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Somerset Senior Living at Stonegate |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>118 Jerry Selby Drive<br>Crossett, AR 71635 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48977</p> <p>Based on observation, interview and record review, the facility failed to treat each resident with respect and dignity, and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 3 (Residents #7, #10, #50) sampled residents.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #7 had diagnoses of Intervertebral disc degeneration lumbar region and Gastro-esophageal reflux disease. According to a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/18/2024, Resident #7 scored 09 (8-12 indicates moderately impaired cognition) on a Brief Interview of Mental Status (BIMS). The care plan documented that Resident #7 needed assistance with spoon feeding for all meals. Resident is to be up for all meals.</li> <li>2. Resident #50 had diagnoses of Dementia and muscle weakness. According to a Quarterly MDS with an ARD of 02/27/2024 Resident #50 scored 13 (13-15 indicates cognitively intact) on a BIMS. The care plan documented that Resident #50 required assistance with eating.</li> <li>3. On 04/09/2024 at 12:19 PM, the Surveyor observed Licensed Practical Nurse (LPN) #3 standing over Resident #50 and #7 while providing feeding assistance. The Surveyor observed several chairs in the dining area unoccupied during the time LPN #3 was standing while aiding Resident #7 and #50.</li> <li>4. On 04/09/2024 at 01:15 PM, the Surveyor asked LPN #3, What should you have done prior to assisting Residents #50 and #7 with meal service? LPN #3 stated, Ask if they needed something. The Surveyor asked LPN #3, How should staff be positioned when assisting Residents with meal service? LPN #3 stated, Prefer to sit but if we don't have enough chairs we usually stand.</li> <li>5. On 04/11/2024 at 11:25 AM, the Surveyor asked the Director of Nursing (DON), How should staff be positioned when assisting Residents with eating? The DON stated, They should be seated. The Surveyor asked the DON, By staff not being seated what issue could this cause? The DON stated, dignity issue.</li> <li>6. Resident #10 had diagnoses of Dementia and Weakness. According to a Quarterly MDS with an ARD of 03/08/2024, Resident #10 scored 06 (0-7 indicates severe cognitive impairment) on a BIMS. The care plan documented that Resident #10 required set-up assistance with meals/eating.</li> </ol> <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>7. On 04/09/2024 at 01:30 PM, the Surveyor observed Resident #10 self-propelling in wheelchair around the day room. The Surveyor observed dried food on the Resident's shirt and mouth.</p> <p>8. On 04/09/2024 at 03:00 PM, the Surveyor observed Resident #10 self-propelling in wheelchair on 100 hall. The Surveyor observed dried food on the Resident's shirt and mouth.</p> <p>9. On 04/10/2024 at 02:22 PM, the Surveyor observed Resident #10 sitting in wheelchair in his/her room. Resident #10 was picking at the dried food on his/her shirt. The Surveyor also observed dried food on Resident 10's pants.</p> <p>10. On 04/09/2024 at 03:05 PM, the Surveyor asked Nursing Assistant (NA) #3, Can you tell what you see on Resident #10's clothing? CNA #3 voiced that Resident had dried food from lunch or something that [Resident #10] had gotten into on his/her shirt.</p> <p>11. On 04/10/2024 at 02:50 PM, the Surveyor asked Certified Nursing Assistant (CNA) #2, Can you describe for me what you see on [Resident #10's] clothing? CNA #2 stated, It look like food my partner had .I will get [Resident #10] cleaned up.</p> <p>12. On 04/11/2024 at 11:25 AM, the Surveyor asked the Director of Nursing (DON), Should a Resident have dried food on their face and clothing after meal service? The DON stated, no. The Surveyor asked the DON, What do you think is a decent amount of time for staff to assist a Resident with the cleaning of the face and clothing? The DON stated, thirty minutes. The Surveyor asked the DON what issue could a dirty face and clothing cause the Resident? DON stated, dignity.</p> <p>13. On 04/11/2024 at 02:05 PM, a policy titled Resident Rights and Responsibility was provided that documented the nursing facility protects and promotes the rights of each Resident/Elder admitted in order to provide a dignified existence, self-determination and communication with and access to persons and services inside and outside the nursing facility. The facility will protect and promote the rights of each Resident/Elder.</p> |

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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37925</p> <p>Based on interview and record review, the facility failed to ensure a resident and or resident representative and the Office of the State Long-Term Care Ombudsman were provided written documentation regarding a transfer to the hospital for 1 (Resident #21) of 1 sampled resident reviewed for transfer / discharge to the hospital. The findings are:</p> <p>Resident #21 was admitted to the facility on [DATE] as documented on a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/21/2024. Resident #21 had a Brief Interview for Mental Status (BIMS) score of 6 (00-07 indicates severely impaired).</p> <p>a. A Progress Note dated 01/13/2024 at 8:16 AM documented, .resident noted to be vomiting dark brown emesis with foul odor noted .received orders to send resident to [local hospital] ER [emergency room ] for further eval/tx [evaluation / treatment]. resident transferred via [by way of] [ambulance service] .</p> <p>b. On 04/11/2024 at 06:00 AM, Resident #21's electronic health record was reviewed and there was no documentation regarding a notice of transfer and or discharge for the resident's transfer on 01/13/2024.</p> <p>c. On 4/11/24, the Surveyor ask the Administrator to provide documentation regarding a notice of transfer and bed hold policy for Resident #21's transfer on January 13, 2024. At 04:50 PM, the Administrator said they do not have a notice of transfer or bed hold notification for Resident #21 for the January 13th hospital visit.</p> |

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| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37925</b></p> <p>Based on interview and record review, the facility failed to ensure a resident and/or resident representative was provided a copy of a bed hold policy after a transfer to the hospital for 1 (Resident #21) of 1 sampled resident reviewed for bed-hold policy notification. The findings are:</p> <p>1. Resident #21 was admitted to the facility on [DATE] as documented on a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/21/2024. Resident #21 had a Brief Interview for Mental Status (BIMS) score of 6 (00-07 indicates severe cognitive impairment).</p> <p>a. A Progress Note dated 01/13/2024 at 08:16 AM documented, .resident noted to be vomiting dark brown emesis with foul odor noted .received orders to send resident to [local hospital] ER [emergency room ] for further eval/tx [evaluation / treatment]. resident transferred via [by way of] [ambulance service] .</p> <p>b. On 04/11/2024 at 06:00 AM, Resident #21's electronic health record was reviewed and there was no documentation regarding a bed hold notification for the resident's transfer on 01/13/2024.</p> <p>c. On 04/11/2024, the Administrator was asked to provide documentation regarding a bed hold policy for Resident #21's transfer on January 13, 2024. At 4:50 PM, the Administrator stated they did not have a bed hold notification for Resident #21 for the January 13th hospital visit.</p> |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37925</p> <p>Based on interview and record review, the facility failed to ensure care plans were reviewed and revised at least quarterly and/or when residents' care needs changed, as evidence by failure to revise the plan of care to address an indwelling urinary catheter and dementia care, to ensure staff were aware of the necessary care, assessments and services required for 1 (Resident #15) of 1 sampled resident who had an indwelling catheter and 1 (Resident #6) of 3 sampled residents whose care plans were reviewed for dementia care. The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #6 had a diagnosis of dementia as documented in an Order Summary Report. <ol style="list-style-type: none"> <li>a. An Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/2024 documented Resident #6 had a Brief Interview for Mental Status (BIMS) score of 6 (00-07 indicates severe cognitive impairment) and an active diagnosis of non-Alzheimer ' s dementia.</li> <li>b. A Care Plan revised on 03/14/2024 had no documented interventions regarding Dementia Care.</li> <li>c. On 04/12/2024 at 02:31 PM, the MDS Coordinator was interviewed by telephone, and she confirmed that Dementia Care should have been added to Resident #6's care plan for staff to know how to care for Resident #6.</li> </ol> </li> <li>2. Resident #15 had a diagnosis of retention of urine as documented on the Order Summary Report. <ol style="list-style-type: none"> <li>a. An Order Summary documented, .Change 16 Fr [French, which indicates the size of the device] [Brand Name] catheter Q [every] month . and PRN [as needed] using sterile technique . [Brand name] catheter care q [every] shift and prn with soap and water or wipes. Ensure privacy bag and leg band are in place .</li> <li>b. A Quarterly MDS with an ARD of 01/19/2024 documented Resident #15 had a BIMS score of 15 (13-15 indicates cognitively intact) and had an indwelling catheter.</li> <li>c. A Care Plan dated 01/26/2024 documented Resident #15 was readmitted on [DATE] with a catheter and there was no other documentation regarding catheter care.</li> <li>d. On 04/09/2024 at 02:05 PM, Resident #15 was lying in bed and a catheter bag in a privacy bag was hanging on the right side of the bed with cloudy sediment in the tubing.</li> <li>e. A Nursing Progress Note dated 04/11/2024 at 1:05 PM documented, .Resident back in facility from wound clinic. Assessed by this nurse with resident noted to be short of breath, pale in color, with temp of 101.3 pulse ox [oximeter] 90% [percent] RA [room air] . Call placed to APRN [Advanced Practice Registered Nurse] with update on condition provided with new orders to send to ER for evaluation and treatment .</li> <li>f. A Progress Note dated 04/11/2024 at 4:05 PM documented, .Spoke with [name] at [local hospital] .was informed resident was admitted with AKI [Acute Kidney Injury] and UTI [Urinary Tract Infection].</li> </ol> </li> </ol> <p>(continued on next page)</p> |  |  |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>g. On 04/12/2024 at 02:29 PM the Director of Nursing (DON) was asked about the catheter being mentioned on the care plan but no interventions regarding catheter care. She telephoned the MDS Coordinator at 02:29 PM and confirmed there should have been interventions on Resident #15's care plan.</p> <p>h. On 04/12/2024 the Administrator provided a typed document with no title that documented, .Our facility follows the RAI [Resident Assessment Instrument] Manual for guidance on completion of care plans .</p> |  |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37925</p> <p>Based on observation, interview and record review, the facility failed to ensure nail care was consistently provided to promote good grooming and personal hygiene for 1 (Resident #54) of 1 sampled resident who required staff assistance with nail care. The findings are:</p> <p>1. Resident #54 had diagnoses of reduced mobility and muscle wasting, as documented in an Order Summary Report.</p> <p>a. An Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/26/2024 documented Resident #54 had a Brief Interview for Mental Status (BIMS) score of 11 (08-12 indicates moderately cognitive impaired) and had an impairment in range of motion on one side in an upper extremity which included the shoulder, elbow, wrist, and hand.</p> <p>b. A Care Plan dated 03/06/2024 documented Resident #54 had a deficiency in performing Activities of Daily Living (ADL) due to a Cerebrovascular Accident (CVA), also known as a Stroke, required extensive care with personal hygiene and nail length was to be checked, trimmed, and cleaned on bath day and as necessary.</p> <p>c. On 04/09/2024 at 01:50 PM, Resident #54 said she had a stroke on January 25th, came to the facility in February of this year and had been doing therapy because the entire left side was affected. The fingernails on the Resident's right hand were greater than 0.25 inch in length. Resident #54 admitted she liked for the nails to be trimmed and admitted to the nails on the left hand being clipped independently but needed help with the right hand since unable to use the left hand and that staff had not offered.</p> <p>d. On 04/11/2024 at 08:44 AM, Resident #54 was in bed and Certified Nursing Assistance (CNA) #3 had the curtain pulled and stated Resident Care after the surveyor knocked and opened the door. CNA #3 stepped out to get more wash clothes. The fingernails on the right hand were greater than 0.25 inch in length.</p> <p>e. On 04/11/2024 at 08:49 AM, CNA #3 was asked if she was familiar with [Resident #54]'s care and she confirmed she was. The Surveyor asked to look at Resident #54's fingernails on the Resident's right hand and describe what she saw. She confirmed the fingernails were long and uneven. The Surveyor asked who does the nail care? CNA #3 said sometimes the Activity Director does them on Fridays, and sometimes the CNAs do them and some residents like to do it themselves. The Surveyor asked if [Resident #54] was care planned to do Resident #54's nail care. CNA #3 said she was not sure but, [Resident #54] could speak for herself, and she thought the nurses do nail care if a resident has an illness. She confirmed CNAs do nail care if the nails need to be cared for.</p> <p>f. On 04/11/2024, the Administrator provided a typed document with no title that documented, .The facility does not have an individual policy on fingernail care. Fingernail care is part of the ADL care provided to residents on an as needed basis .</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>Note: The nursing home is disputing this citation.</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37925</p> <p>48977</p> <p>Based on observation, interview, and record review, the facility failed to ensure a shower room was locked to prevent any potential accident and/or hazards for 5 (Residents #10, #27, #31, #46 and #257) of 15 sampled residents on the 100 hall that ambulate or self-propel, and failed to ensure disposable razors were removed from a bathroom, to decrease the potential for harm for 1 (Resident #9) of 1 sampled resident who required staff assistance for shaving. The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #9 had a diagnosis of Need for assistance with personal care as documented on an Order Summary Report. <ol style="list-style-type: none"> <li>a. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/20/2024 documented Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15 (12-15 indicates cognitively intact) and required supervision or touch assistance with personal hygiene.</li> <li>b. A Care Plan dated 02/16/2024 documented Resident #9 had a deficiency in performing Activities of Daily Living (ADL) for self and required assistance with shaving.</li> <li>c. On 04/09/2024 at 11:16 AM, Resident #9 was not in the Resident's room. On the counter in the bathroom, was an orange cup with four (4) blue disposable razors.</li> <li>d. On 04/12/2024 at 08:50 AM, Resident #9's bathroom door was open, and Surveyor observed from the bathroom door a blue disposable razor in a cup on the counter in the bathroom.</li> <li>e. On 04/12/2024 at 10:12 AM, Resident #9 was not in the room. There was an orange cup in the bathroom with a total of five (5) blue disposable razors.</li> <li>f. On 04/12/2024 at 10:18 AM, Certified Nursing Assistant CNA #4 was asked to come to Resident #9's room with the Surveyor and confirmed she was familiar with the Resident's care. She was asked if they shave residents, or do they shave themselves and she confirmed they shave residents but added [Resident #9] is the one who shaves self, so they allow [Resident #9] to go to the bathroom alone. She was asked what they do with the disposable razor once [Resident #9] is done using it, and she stated it is taken to the shower room and placed in the razor bin. She was asked to go to the Resident's bathroom and count the razors in an orange cup on the counter and after counting them, she stated, 5. She confirmed the razors should not have been left in [Resident #9's] room. When asked why, she stated [Resident #9] could harm self, or other residents could come in [Resident #9's] room, get them and harm themselves.</li> </ol> </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>Note: The nursing home is disputing this citation.</p> | <p>g. On 04/12/2024 at 02:18 PM the Director of Nursing (DON) was asked if [Resident #9] was allowed to have razors in the room. The DON said Resident #9 was safe to shave self, therefore Resident could have the razors. She confirmed [Resident #9] should have been assessed for safety to use the razors since she stated the Resident was safe to shave self. She confirmed that [Resident #9] should have been care planned to shave self and added she was not sure it would say that specifically but might say [Resident #9] was able to perform some ADL care for self.</p> <p>h. An Accident Hazards Prevention policy provided by the Administrator on 04/12/2024 documented, . The environment will be free from accident hazards as is possible . Resident Assessment. Residents/Elders will receive adequate supervision and assistance devices to prevent accidents. The resident will be assessed upon admission and through the MDS process to individualize care plain [sic] interventions.</p> <p>2. On 04/09/2024 at 10:10 AM, the Surveyor observed a door labeled Shower unlocked. The Surveyor opened the door and there were no people inside room or near the door.</p> <p>a. On 04/09/2024 at 10:13 AM, the Surveyor asked Licensed Practical Nurse (LPN) #2 should the door to the shower room be kept locked? LPN #2 stated, yes,. LPN #2 opened the door and locked it from the inside. The Surveyor asked LPN #2, Was the door locked? LPN #2 stated, no.</p> <p>b. On 04/09/2024 at 10:18 AM, the Surveyor asked the Director of Nursing (DON), should the door to the shower room be kept locked? The DON stated, yes. The Surveyor asked the DON, Why is it important that the door to the shower room be kept locked? The DON stated, Safety of the Residents. The Surveyor asked the DON, What could be a negative outcome from the door being unlocked? The DON stated, The floor is wet so somebody could fall.</p> <p>c. On 04/12/2024 at 03:14 PM, the Surveyor was provided with a policy titled Accident Hazards Prevention that did not pertain any pertinent information to support the deficient practice.</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>045437  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>04/12/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Somerset Senior Living at Stonegate   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>118 Jerry Selby Drive<br>Crossett, AR 71635 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48977</p> <p>Based on observation, interview and record review, the facility failed to ensure that medications were not left at the bedside for 1 (Resident #257) sampled resident and that the medications locked box used to store controlled medication requiring refrigeration was properly secured and/or permanently affixed to the refrigerator. The locked box contained controlled medication for 2 (Residents #6, #50) sampled residents.</p> <p>The findings are:</p> <p>1. Resident #257 had diagnoses of Osteoarthritis right shoulder and weakness. An Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/08/2024 documented Resident #257 scored 14 (13-15 indicates cognitively intact) on a Brief Interview of Mental Status (BIMS). Resident #257 did not have an order in place for triple antibiotic ointment or to self-administer medications. According to care plan, Resident #257 had potential impairment to skin integrity related to fragile skin, and the intervention in place stated monitor for side effects of the antibiotics and over-the-counter pain medications: gastric distress, rash, or allergic reactions which could exacerbate skin injury.</p> <p>A. On 04/09/2024 at 10:50 AM, the Surveyor observed Triple Antibiotic Ointment, an over-the-counter medication, on the bedside table in Resident #257's room.</p> <p>On 04/09/2024 at 01:20 PM, the Surveyor observed Triple Antibiotic Ointment, an over-the-counter medication, on the bedside table in Resident 257's room.</p> <p>B. On 04/09/2024 at 01:22 PM, the Surveyor asked Licensed Practical Nurse (LPN) #4, What steps are taken for a Resident to self-administer medication and/or have at the bed side? LPN #4 stated, An order to have meds at bedside, order to self-administer, and care plan. The Surveyor asked LPN #4, What do you consider over the counter medication? LPN #4 stated, Ointments, liquids, pills, tablets, nicotine gum, smoking patches. LPN #4 voiced she was aware the Resident had the medication at bedside and that Resident #257 has been putting the medication in the ear. The Surveyor asked LPN #4, Should the medication be at the Resident's bedside? LPN stated, no.</p> <p>C. On 04/11/2024 at 11:25 AM, the Surveyor asked the Director of Nursing (DON), Do you have any Residents residing in the facility that self-administer medications The DON stated, no. The Surveyor asked the DON, What would be the requirement prior to a Resident being able to self-administer medications? The DON stated, Self-administering Assessment, order, and care plan.</p> <p>2. Resident #6 had a diagnosis of bipolar disorder and an order for Lorazepam Oral Concentrate 2 MG/ML (milligram/milliliter) Give 0.5 ml by mouth every 6 hours as needed for anxiety/agitation for 60 Days start date was 02/12/2024 stop date was 04/12/2024.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>A. Resident #50 had a diagnosis of vascular dementia unspecified severity with restlessness and agitation. Resident #50 had an order for Lorazepam Oral Concentrate 2 MG(milligram)/ML(milliliter) to give 0.25 ml by mouth every 6 hours as needed for agitation.</p> <p>B. On 04/10/2024 at 09:00 AM, LPN #1 removed 2 locked boxes from the refrigerator used to store refrigerated controlled medications and placed them on the counter per Surveyors request. The Surveyor requested that LPN #1 open the locked boxes, LPN #1 only had key to 1 of the 2 locked boxes. LPN #1 unlocked the locked box #1, the Surveyor noted Lorazepam 2 mg/ml for 2 Residents (1 sampled Resident #6 and 1 unsampled) and 8 Lorazepam 1 ml injections for emergency use.</p> <p>C. On 04/10/2024 at 09:15 AM, the Surveyor observed Registered Nurse (RN) #1 open locked box #2 used to store refrigerated controlled medications. The surveyor noted Lorazepam 2 mg/ml for Resident #50.</p> <p>D. On 04/10/2024 at 09:09 AM, the Surveyor asked LPN #1 were you able to remove the 2 locked boxes used to store controlled medication from the refrigerator? LPN #1 stated, yes. The Surveyor asked LPN #1 are the 2 locked boxes permanently attached to the refrigerator? LPN #1 stated, no.</p> <p>E. On 04/10/2024 at 09:17 AM, the Surveyor asked RN #1, Was the locked box used to store refrigerated controlled medication permanently attached to the refrigerator? RN #1 stated, No, this box is not permanently attached. It can be taken out.</p> <p>F. On 04/11/2024 at 11:25 AM, the Surveyor asked the Director of Nursing (DON), How do you all store-controlled medications that require refrigeration? The DON stated, Behind locked door, locked refrigerator, and locked box. The Surveyor asked the DON, Is that locked box permanently affixed to the refrigerator? The DON stated, It is now. The Surveyor asked the DON if it was permanently affixed prior to yesterday. The DON stated, It was not.</p> <p>G. On 04/11/2024 02:05 PM, the Surveyor was provided 2 policies (1) titled Pharmaceutical Services that showed Storage of drugs. All drugs and biologicals are stored in locked compartments under proper temperature controls. Only authorized personnel are permitted to have access to the medication keys. The separately locked and permanently affixed compartments are provided for storage of controlled drugs listed in schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse. (2) Resident Rights And Responsibilities that documented self-administration of Drugs. Resident /Elders may self-administer drugs if the Resident/Elder requests to do so and the attending Physician has determined that this practice is safe. The decision to permit a Resident/Elder to self-administer drugs will be made when the MDS is completed each quarter. If permitted, the Resident/Elder's care plan will indicate who will be responsible for storage, documentation of administration, and location of administration.</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>Note: The nursing home is disputing this citation.</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>03508</p> <p>Based on observation and interview, the facility failed to ensure food items stored in the refrigerator and freezer were covered, sealed and dated to minimize the potential for food borne illness for residents who received meals from 1 of 1 kitchen; leftover food meat items were used properly to maintained food for residents who received meals from 1 of 1 kitchen; 1 of 1 ice machine was maintained in clean and sanitary condition to prevent contamination of airborne particles; baseboard was secured, floor tiles, wall were free of chips, stains and rust and were maintained in clean sanitary conditions, and dietary staff. washed their hands before handling clean. equipment or food items to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen; These failed practices had the potential to affect 55 residents who received. meals from the kitchen, (total census: 56). The findings are:</p> <ol style="list-style-type: none"> <li>1. On 04/09/2024 at 09:59 AM, an opened box of biscuits was on a shelf in the freezer. The box was not covered, and was not completely sealed, exposing it to cross contamination. There was no date on the box to indicate when it was opened.</li> <li>2. On 04/09/2024 at 10:09 AM, the following observations were made in the refrigerator.             <ol style="list-style-type: none"> <li>a. An open box of sausage was on a shelf in the refrigerator. The box was not covered or sealed.</li> <li>b. An opened box of bacon was on a shelf in the refrigerator. The box was not covered or sealed.</li> <li>c. There was a container of leftover sausage and a plastic storage bag of leftover ground sausage on a shelf in the refrigerator. The Surveyor asked Dietary Employee what the leftover meat items are for. She stated, 'We reheated them the next and use them for mechanical soft diets in case we don't have enough.</li> </ol> </li> <li>3. On 04/09/2024 at 10:21 AM, the top inside panel of the ice machine in the kitchen had wet black/gray residue on it. The Dietary Supervisor was asked how often they cleaned the ice machine and who used the ice from the machine. She stated, We clean it once a week. That's the ice the CNAs (Certified Nursing Assistants) use for the water pitchers in the residents' rooms, and we use it to fill beverages served to the residents at mealtimes.</li> <li>4. On 04/09/2024 at 10:29 AM, the following observations were made in the dish washing machine room:             <ol style="list-style-type: none"> <li>a. The base board under the dish washing machine was loose, the area that was exposed had sage color.</li> <li>b. The corner of the wall in the dish washing machine had a sage color on it.</li> <li>c. There was a crack on the wall in the dish washing machine room.</li> </ol> </li> </ol> <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>Note: The nursing home is disputing this citation.</p> | <p>5. On 04/09/2024 at 10:41 AM, the 3-compartment sink wash temperature was 109 degrees Fahrenheit temperature on final rinse with chemical.</p> <p>5. On 04/09/2024 at 10:44 AM, the following observations were made in the kitchen:</p> <p>a. The floor between the deep fryer and oven, in front of the deep fryer, and behind the deep fryer, had thick buildup of grease on it.</p> <p>b. There was lint hanging from the edges of the deep fryer.</p> <p>c. The floor throughout the kitchen was discolored.</p> <p>6. On 04/09/2024 at 10:46 AM, the shelf below the food preparation counter was a rack that contained cutting boards and containers of dried cereal with rust stains.</p> <p>7. On 04/09/2024 at 11:00 AM, Dietary Employee (DE) #1 turned on the 2-compartment sink faucet and rinsed the glasses. After rinsing the glasses, she turned off the faucet with her hand contaminating them. Then picked up glasses by their rims and placed them on the trays to be used in serving beverages to the residents for a noon meal. At 02:22 PM, the Surveyor asked DE #1, What should you have done after touching dirty objects and before handling clean equipment? DE #1 stated, I should have washed my hands.</p> <p>8. A facility policy titled, Hand Washing and Glove Usage in Food service provided by the Dietary Supervisor on 04/09/2024 at 3:34 PM documented, When Food Handlers must wash their hands: a. Before starting work b. After leaving and returning to the kitchen /prep area. c. After touching anything, work else such as dirty equipment, work surfaces or cloths .</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p>48977</p> <p>Based on observation, interview and record review, the facility failed to ensure that staff used proper hand hygiene when assisting residents during meal service to prevent spread of bacteria, viruses, and/or infections. This failed practice had the potential to affect 2 (Residents #7, #50) sampled residents residing in the facility requiring assistance with meal service.</p> <p>The findings are:</p> <p>On 04/09/2024 at 12:11 PM, the Surveyor observed Certified Nursing Assistant (CNA) #1 positioning Resident #7 to an upright position in a Geri-chair (a type of chair that is useful for those with mobility issues and can also be used for bedridden patients who have difficulty sitting upright in a conventional wheelchair). CAN #1 did not sanitize/wash hands after contact with Resident #7. CNA #1 picked up silverware from the table and initiated meal assistance for Resident #50. CNA #1 placed a napkin over Resident #7 shirt, tucking the napkin in the Resident's shirt (encountering Resident's skin) and did not wash/sanitize hands. CNA #1 took silverware from Resident #50's hand, who was attempting to assist self, and gave the Resident a bite of food. CAN #1 brushed her left hand across her nose and without performing hand hygiene re-positioned Resident #7, placing a pillow to the side of the Resident.</p> <p>On 04/09/2024 at 01:01 PM, the Surveyor stated to CNA #1, I noticed during meal service that you did the following: positioned Resident #7, assisted Resident #50 with feeding, tucked a napkin into Resident #7's shirt encountering her skin, and grabbed silverware from Resident #50's hands, touched your face, and re-positioned Resident #7, and placed a pillow at her side. The Surveyor asked CNA #1, Does this sound accurate to you? CNA stated, Maybe so. The Surveyor asked CNA #1, What should you have done after positioning Resident #7? CNA #1 stated, Wash/sanitize my hands. The Surveyor asked CNA #1, What should you have done after placing a napkin over Resident #7's shirt, tucking it in and touching the skin? CNA #1 stated, Wash/sanitize my hands. The Surveyor asked, What should you have done after you took silverware from Resident 50's hand? CNA #1 stated, Wash/sanitize my hands.</p> <p>On 04/11/2024 at 11:25 AM, the Surveyor asked the Director of Nursing (DON), Between positioning a Resident (physically shifting in the wheelchair) and assisting a different Resident with meal service what should staff do? The DON stated, sanitize hands. The Surveyor asked the DON, What should staff do after making physical contact with their face (staff wiped hand across their nose), physical contact with a Resident, and/or touching an item previously touched by the Resident? The DON stated, They should sanitize their hands. The Surveyor asked the DON what could be a negative outcome of improper hand hygiene could be. The DON Passing on infection.</p> <p>On 04/11/2024 at 02:05 PM, the Surveyor was provided a policy titled Handwashing and Glove Usage in food Service that documented Introduction: According to the Centers for Disease Control and Prevention (CDC) hand washing is the single most important way to stop the spread of infection.</p> |  |  |