

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Nightingale at Stonegate		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Jerry Selby Drive 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record, and facility policy review, the facility failed to ensure housekeeping and maintenance provided a safe, sanitary, comfortable environment for the residents who reside in the facility. This failed practice has the potential to affect 38 of 59 residents living in the facility. The findings include: Halls 100 and 300 During an observation on 07/21/2025 at 2:17 PM, in the Shower Room on the 300 hall, it was observed to have dried, brown substance and a black ring around in the toilet bowl; the smaller shower chair had clusters of black spots on all four legs, the back of the chair, under the chair and on the back mesh of the seat. Orange, brown, and white residue noted on the mesh of the seat. A strap on the chair was observed to have black, orange, brown, grey and white residues on the clasp and along the length of the strap. The larger shower chair also had black spotted residue on the back of the chair and legs and orange, brown, grey and white residue on the seat back and piping. There was a purple loofah sponge hanging on the shower caddy with pink/orange colored residue on the cord of the loofah. Black spots were observed around the lower shower wall tile. During an observation on 07/21/2025 at 02:30 PM, a black, transferable substance was observed on multiple shower tiles and grout lines in the Shower Room on 100 Hall. The shower chair was observed to have an orange discoloration under the seat on the frame. During an observation on 07/22/2025 at 4:26 PM on the 300 Hall and 100 Halls, no changes were observed since the previous observation of the shower room on 300 Hall, including that of the chairs, toilet, tiles, and loofah, nor of the shower room on 100 Hall, including the tiles, grout, and chair. A loose body chair bucket was under the shower chair in the 100 Hall shower room with cloudy, dirty liquid full to the rim. During an observation on 07/23/2025 at 4:15 PM on the 300 Hall and 100 Hall no changes were observed since the previous observation. During an observation and interview on 07/24/2025 at 9:24 AM in the 300 Hall Shower Room, Housekeeper #2 described how housekeeping cleaned the shower room. Housekeeper #2 stated they wipe everything, for the big shower chair, wipe down the seat and, on the small shower chair, wipe down the seat. Housekeeper #2 stated they also scrub the floor. Housekeeper #2 was asked to raise the toilet and describe what was seen. The housekeeper stated, "Ew...that is poop in the toilet." She described the smaller shower chair as, "the black stuff on the back of the (continued on next page)"		

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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Nightingale at Stonegate		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Jerry Selby Drive 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	chair looks like mold. It is black, gray, and brown stuff that looks like it is growing stuff.&rdquo; Housekeeper #2 described the strap and chair legs as &ldquo;mold and dirty with a little bit of everything&rdquo; and stated it was the same for the big shower chair. &ldquo;It has mold on it as well.&rdquo; The Certified Nursing Assistants (CNA)s are supposed to come in to clean the shower room during the week, and housekeepers only clean on Sundays. During an interview and observation in the 300 Hall Shower Room on 07/24/2025 at 9:30 AM, CNA #3 stated housekeeping cleaned the shower rooms on Sundays. CNA #3 stated the shower was sprayed with multipurpose cleaner after every shower given. CNA #3 placed gloves on their hands and raised the toilet lid and stated it has &ldquo;poop in there.&rdquo; The CNA described the substance on the back of the small shower chair at &ldquo;black mold with orange and brown color residue with black spots&rdquo; CNA #3 stated the small chair belt and chair legs had &ldquo;the same.&rdquo; CNA #3 describe the larger shower chair as &ldquo;the same stuff, black mold and brown residue.&rdquo; CNA #3 stated the toilet was supposed to be cleaned daily by housekeeping. CNA #3 stated, &ldquo;This room is not clean or sanitary for residents to use this shower and I just used it for a resident&rsquo;s shower.&rdquo; During an interview and observation in the 300 Hall Shower Room on 07/24/2025 at 10:09 AM, the Director of Nursing (DON) placed gloves on her hands and raised the toilet lid. She stated, I see feces residue. The DON described the small shower chair with &ldquo;brown substance, and black grayish, frothy substance all over bottom, sides and back.&rdquo; She described the strap as &ldquo;the same substances.&rdquo; The DON stated the loofah should not have been hanging in the shower. The DON described the larger shower chair to have, white, grayish, black, frothy substance.&rdquo; She stated, &ldquo;It is not sanitary for the resident to be in here.&rdquo; The DON also stated the shower room was supposed to be sanitized after each shower by the CNAs, and it should be thoroughly cleaned by housekeeping staff daily. During an interview and observation in the 300 Hall Shower Room on 07/24/2025 at 10:19 AM, the Administrator stated housekeeping cleaned the showers daily and deep cleaned on Sundays. After placing gloves on and raising the toilet lid, the Administrator stated, &ldquo;I see dried feces and stains&rdquo; inside the toilet. The administrator stated the small shower chair had &ldquo;white, tan, and black mildew, and the same on the legs.&rdquo; The strap also had the same substances as legs and back of chair. The Administrator stated the loofah that was hanging should be taken out and not left hanging in the shower. The Administrator stated the larger shower chair had the same substances as the smaller chair, but &ldquo;not as bad.&rdquo; The Administrator stated the bathroom was &ldquo;not sanitary for residents. The Administrated stated residents had mentioned previously there was &ldquo;mold on the wall and the facility did get the &ldquo;mold&rdquo; off the shower wall on this hall. During an interview and observation of the 300 Hall on 07/24/2025 at 10:41 AM with the Housekeeping Supervisor, the Administrator, three housekeepers, and the Maintenance Director, the Housekeeping Supervisor placed gloves on their hands and raised the toilet lid. The Housekeeping Manager described the toilet to contain &ldquo;feces and mold.&rdquo; The Housekeeping Supervisor described the small shower chair back, legs, seat, and strap as having &ldquo;black mold with orange and brown looking substance.&rdquo; She stated the larger shower chair was not as bad, but it had &ldquo;the same mold and colors on it.&rdquo; The Housekeeping Supervisor stated it was &ldquo;not clean and sanitary for the residents to shower in there. Resident Rooms (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Nightingale at Stonegate		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Jerry Selby Drive 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/21/2025 at 10:46 AM in room [ROOM NUMBER] B, this surveyor observed an electrical outlet missing half of the face plate. The inside of the outlet and wiring was exposed. The resident's bed was observed to be covered with a fuzzy blanket, in the low position, and was pushed against the wall, next to the exposed outlet. On 07/21/2025 at 1:34 PM the Maintenance Supervisor accompanied this surveyor to room [ROOM NUMBER] B and confirmed the exposed outlet was a safety hazard. The Maintenance Supervisor went on to say he was responsible for maintaining outlet covers and that all outlet covers should be intact to prevent injury to residents from electrical shock or fire. Review of maintenance work requests dated 01/20/2025 to present revealed there was no request for repair for the broken outlet in room [ROOM NUMBER] B. Hall 400 On 07/21/2025 from 10:40 AM to 12:00 PM, during initial rounds on the 400 hall, dirt, dust, debris and food crumbs were observed inside the vents, that provided air flow into the rooms, of the heating/air-conditioning units installed on both A and B side of each resident room for rooms 401, 403, 404, 405, 407, 408, and 410. The dirt, dust, debris and food crumbs were again observed in the above listed rooms on 07/22/2025 at 9:52 AM and 07/23/2025 at 3:26 PM. On 07/21/2025 at 2:22 PM the following observations were made in the 400 Hall Shower Room and Whirlpool Room. The bath chair in the shower room had white, black, gray and pink substances on the mesh netting that formed the back of the chair, down the legs of the chair, under the seat and in the security belt attached to the chair. There was a dark substance along the tiles in the floor corners, going up the wall, and behind the toilet. The toilet in the shower room had a greenish brown ring in the toilet bowl. The whirlpool Room contained a shower gurney with a thick padded foam mattress. The mattress had cracks along the seams. Under the mattress was various debris, including an orange stick designed to be used to clean under fingernails and toenails. During an interview on 07/21/2025 at 1:16 PM, Resident #4 stated there was mold on the shower chairs, on the legs, and back of shower chair. It had been on the wall, but they tried covering it up. It is so nasty, and we don't want to take showers in there. During an interview on 07/24/2025 at 8:58 AM, Housekeeper #2 stated the shift for the day was 7:00 AM to 3:00 PM. Housekeeper #2 stated cleaning staff switched halls all the time. "Today my assignment is to work 300 Hall and half of 100 Hall." Housekeeper #2 stated in the residents' room they gathered the trash, placed a new trash bag, swept the rooms, wiped down the tables, cleaned the bathroom, toilets, soap holder, paper towel holder, and straighten the floor if shoes were present. The rooms were mopped after all other cleaning tasks were completed. Housekeeper #2 state, on Sundays housekeepers clean up the soiled room and shower rooms and verified that Sunday was the only day the shower room was cleaned. Housekeeper #2 stated when (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Nightingale at Stonegate		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Jerry Selby Drive 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	they cleaned the shower room, they gathered the trash, cleaned the sink, toilets, and shower area, sanitized, and organized the shampoos. Housekeeper #2 stated they used a bottle of disinfecting acid bathroom cleaner spray and wipe it then spray with multi-surface disinfectant cleaner. Housekeeper #2 stated shower chairs were cleaned with acid cleaner, wiped and then sprayed with multi surface also. On 07/24/2025 at 9:48 AM, Housekeeper #4 stated they had worked at the facility for 4 or 5 years, reported she works four days a week, and usually cleaned the shower room and spa on the last two days of her work week. When asked who was responsible for cleaning the air conditioning units in resident rooms, Housekeeper #4 stated housekeeping was responsible for surface cleaning of the units, but maintenance was responsible for cleaning the vents. On 07/24/2025 at 9:58 AM, the Maintenance Supervisor stated they had worked in the position for almost a year. The Maintenance Supervisor stated he and the housekeeper were responsible for keeping the heating/air conditioning units clean, and the last time he had cleaned them was at the start of using the air conditioning for the year. The Maintenance Supervisor stated it was time to clean them again. He confirmed it was important to keep the heating/air conditioning vents clean to prevent any respiratory symptoms and to promote air flow. During an interview on 07/24/2025 at 10:31 AM, the Housekeeping Supervisor stated there were two housekeepers daily and a third housekeeper would come in to help make all halls clean. The Housekeeping Supervisor stated housekeepers would clean the lobby first thing in the morning and then start cleaning their assigned hall. The Housekeeping Supervisor stated the shower rooms get deep cleaned on Sundays since there are no baths given on Sundays. Review of the facility "Housekeeping and Maintenance" policy indicated "housekeeping services will be provided daily, including weekends; every part of the building will be kept clean and orderly; toilet and bath and toilet facilities will be clean and sanitary at all times."		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Nightingale at Stonegate		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Jerry Selby Drive 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on record review and interview, the facility failed to post the resident census on a daily basis. A review of a Daily Staffing Log dated 07/23/2025 revealed the census was not provided or posted. A review of a Daily Staffing Log, dated June 2025, revealed the allotted area to display the census was not completed for the month of June. During an interview on 07/24/2025 at 12:28 PM, the Business Office Manager (BOM) stated she had been in the role for over a year and was responsible for maintaining the Daily Staffing Logs. She verified there was no place in the facility where the census was posted and available for viewing. The BOM also verified the respective information had not been completed on the Daily Staffing Logs since she began the role as the BOM. During an interview on 07/24/2025 at 1:43 PM, the Administrator stated she was responsible for ensuring the BOM completed the Daily Staffing logs. The Administrator also stated there was not another area where the census was posted.		