

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045447	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Greenhurst Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 226 Skyler Drive Charleston, AR 72933	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46723</p> <p>Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were stored and labeled in accordance with currently accepted professional principles/practices to prevent administration of medicines that had been opened and stored beyond the manufacturer's specified timeframes, and the administration of expired medications in 1 of 1 medication rooms and 2 of 4 medication carts. The findings are:</p> <p>On 04/15/2024 at 11: 30 AM, in Medication Storage room [ROOM NUMBER] the first upper cabinet had 13 Covid tests that all shared the same expiration date of 11/10/2023. The second upper cabinet contained 1 tube of a nonsteroidal anti-inflammatory cream with an expiration date of 06/2019 and 1 bottle of eye drops that expired 03/2022.</p> <p>On 04/15/2024 at 11:41 AM, the Assistant Director of Nursing (ADON) was asked what nurses do with expired prescription medications. The ADON reported the nurses will bring them to this locked medication storage room. The information, such as name of medication, strength, and quantity is recorded in the blue book. The Pharmacist comes in once a month and picks up the expired medications to destroy them.</p> <p>On 04/16/2024 at 12:29 PM, in a medication cart on the 300 Hall, there was a box of medication used to treat Type II diabetes that had a pen that had been opened. There was no open date on the pen or box. The manufacturer's insert for the medication documented that the pen was good for 56 days after opening.</p> <p>On 04/16/2024 at 02:27 PM, LPN #4 was asked how often he checks his medication cart for expired drugs. He answered, Once weekly.</p> <p>On 04/16/2024 at 09:48 AM, the Administer provided the Medication Storage and Labeling Guidelines which documented, .Drugs are not to be kept on hand after the expiration date which appears on the label. Outdated, contaminated, or deteriorated drugs, and those in containers which are cracked, soiled or without secure closures are to be immediately withdrawn from stock, re-ordered from the pharmacy if a current order exists for any patient, and disposed of in accordance with the procedures for drug destruction .</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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>49981</p> <p>Based on interview and record review, the facility failed to provide mandatory staffing payroll data in a uniform format to CMS (Center for Medicare and Medicaid Services).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The data that CMS received from the facility did not include the CASPER (Certification and Survey Provider Enhanced Reporting) PBJ (Payroll Based Journal) mandatory staffing data. According to policy, the failure to not submit the mandatory data within the date range specified to the facility by CMS, constitutes a citation. <ol style="list-style-type: none"> a. According to CMS regulations, long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. b. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); Resident census data; information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual) distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility or is engaged by the facility under contract or through an agency. The facility must submit direct care staffing information in the uniform format specified by CMS. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. c. On 04/18/2024 at 08:40 AM, the Administrator confirmed being responsible for completing the staffing reports and sending them into CMS. The Surveyor asked, Can you tell me a little bit about the process of submitting the PBJ report? The Administrator stated, Two reports are received. One is from our facility, and the other is for ancillary staff such as Occupational Therapy and Physical Therapy. Both reports are sent in a zip file. I then export the two files and create one zip file to submit. The Administrator was asked who was responsible for checking for accuracy. The Administrator stated, That would be my responsibility as well. The Administrator was asked if she knew when the report had been validated. The Administrator stated, Twenty four hours after upload is successful, you login and run the report and download the PBJ provider validation report and be sure to save it. It's my fault that I did not save the report and I am responsible for this deficiency. 		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316</p> <p>Based on record review, observation and interview, the facility failed to ensure staff performed hand hygiene to prevent the contamination of clean laundry/linens and further prevent the potential spread of infection. The findings are:</p> <p>Review of a facility policy titled, Infection Control, not dated, specified, [Facility] establishes and maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Procedure: Infection control is managed not only through basic hygiene but managed through the QA [Quality Assurance] Committee, for review of infection control tracking and trends; quarterly . Clean Linens and Clothing: Resident should have clean linens to prevent any infections. Linens should be changed and cleaned when dirty or soiled. Clothing should always be clean and look neat . Hands should be washed before handling clean linens . Clean linens and clothing should not be shaken or placed in areas that may contain environmental contamination, i.e. [that is], air conditioners, chairs, etc [etcetera]. Any linens or cloth that is contaminated needs to be rewashed .</p> <p>On 04/16/2024 at 10:57 AM, Laundry Aide #2 entered the laundry room on the clean side carrying a handful of plastic hangers. Laundry Aide #2 placed the plastic hangers on a bar near a sink. The hangers were not cleaned prior to hanging them up. Laundry Aide #2 did not perform hand hygiene after entering the clean side of the laundry room. Laundry Aide #2 was asked if the hangers were sanitized/cleaned prior to hanging them up. Laundry Aide #2 stated, No, I just took them out of the resident's closets and brought them here. We don't sanitize the hangers unless they are in COVID 19 rooms. Laundry Aid #2 was observed to remove a bed pad from a grey plastic container with wheels, containing clean linen, and started folding the bed pad. Laundry Aide #2 did not sanitize/wash her hands prior to folding the bed pad. Laundry Aide #2 was asked if she performed hand hygiene before folding the clean linens. Laundry Aide #2 stated, I sanitized my hands after each resident room. Laundry Aide #2 was asked if she entered from outside the facility, then opened the door to the laundry room before folding linens. Laundry Aide #2 stated, I did not wash or sanitize my hands. Laundry Aide #2 continued to fold clean linen and placing the linen on the folding table without performing hand hygiene.</p> <p>On 04/16/2024 at 11:02 AM Laundry Aide #1 was asked why should hand hygiene be performed before folding clean linens. Laundry Aid #1 stated, Could get germs on it or cross contaminate.</p> <p>On 04/16/2024 at 11:03 AM, Laundry Aide #2 was asked why should hand hygiene be performed before folding clean linens. Laundry Aide #2 stated, So no germs on the linens.</p> <p>On 04/17/24 09:14 AM, the Assistant Director of Nursing (ADON)/Infection Control Nurse was asked how are clean linens handled in laundry? The ADON stated, They have a folding table that is sanitized after every load. The ADON was asked should staff perform hand hygiene before handling clean linens? The ADON stated, They should wash their hands prior to touching clean linens. The ADON was asked why should hand hygiene be performed before handling clean linens? The ADON stated, Distributing germs to clean linens that are going to residents.</p> <p>49689</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 04/17/24 at 10:05 AM, the Surveyor observed a laundry cart uncovered with clean clothes. Laundry Aide #1 was putting up clothes in room [ROOM NUMBER] and did not use hand hygiene when picking up the next residents' clothes to put up in the same room. Laundry Aide #1 then continued with the task of putting up the clean clothes.</p> <p>On 04/17/24 at 11:15 AM, the Surveyor asked Laundry Aide #1 should clean laundry be covered when transported to the resident's room. Laundry Aide #1 said yes, I always keep my cart covered when transporting laundry. The Surveyor asked what is the concern by not covering clean laundry when transporting. Laundry Aide #1 said well you never know what will happen down the hall, the clothes could get something splashed on them, they could get dirty.</p>