

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2025
NAME OF PROVIDER OR SUPPLIER  Crestpark Marianna, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE  700 West Chestnut Marianna, AR 72360	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>37634</p> <p>Based on interviews and record review, it was determined the facility failed to report an allegation of abuse within 2 hours for 1 (Resident #1) of 3 (Residents #1, #3, and #4) residents reviewed for abuse.</p> <p>The findings are:</p> <p>A policy titled, Protecting Residents During a Suspected Abuse, indicated, Any employee who suspects an alleged violation shall immediately notify the Administrator or his/her designee. The Administrator/designee shall also notify the appropriate state and local agencies immediately but not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury.</p> <p>A review of Resident#1's Physician's Orders indicated Resident #1 had a diagnosis of dementia with behavior.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/05/2025, revealed Resident #1 had a Brief interview for Mental Status Score of 00, which indicated Resident #1 had severe cognitive impairment.</p> <p>Review of Resident #1's Plan of Care, dated 2/03/2025, indicated Resident #1 had a behavior problem as evidenced by fighting. Interventions indicated to allow Resident #1 to calm down before continuing care or a task to ensure safety.</p> <p>An Office of Long-Term Care (OLTC) Incident and Accident report dated 2/03/2025, discovery time 7:00 AM was reviewed. The Incident and Accident report was submitted on 2/04/2025 at 11:00 AM. The incident and accident report revealed Resident #1 was observed with skin tears to both arms. The incident and accident report indicated that a Certified Nursing Assistant (CNA) informed the charge nurse that Resident #1 had been combative while trying to place a lift pad under [gender pronoun]. The incident and accident report indicated that the charge nurse provided first aid to Resident #1, and did not notice anything on [gender pronoun] face at that time. An hour later the charge nurse checked on Resident #1 and noticed a dark swollen area on the resident's face. The Director of Nursing and the Medical Director were notified.</p> <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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a Weekly Skin Audit Record indicated a skin assessment was completed for Resident #1 on 2/03/2025. The skin assessment revealed skin tears to both arms, and a bruise to Resident #1's right cheek.</p> <p>During an interview on 3/18/2025 at 11:55 AM, Certified Nursing Assistant (CNA) #2 indicated Resident #1 was irritated about getting up. CNA #2 indicated that Resident #1 had been hollering and screaming throughout the night. CNA #2 indicated that Resident #1 had been trying to get out the bed.</p> <p>During an interview on 3/18/2025 at 12:36 PM, Licensed Practical Nurse (LPN) #1 indicated that she was informed by CNA #2 that Resident #1 had been combative while she was trying to put a lift under the resident. LPN #1 reported that she observed a purple color area in front of Resident #1's ear. LPN#1 indicated that Resident #1 stated, She [CNA #2] beat me up.</p> <p>During an interview on 3/18/2025 at 2:48 PM, the Director of Nursing (DON) indicated that the Administrator or the DON is responsible for reporting abuse to the Office of Long-Term Care (OLTC). The DON indicated that she believed allegations were reported to OLTC by 11:00 AM the next business day. The DON indicated that Resident #1 had skin tears and discoloration on his cheek.</p> <p>During an interview on 3/18/2025 at 3:03 PM, the Administrator indicated that allegations of abuse should be reported to OLTC by 11:00 AM the next day. The Administrator indicated that Resident #1 had two (2) skin tears and a bruise on the right cheek. The Administrator indicated that she does not know how Resident #1 got the bruise to their right cheek. The Administrator indicated that Resident #1 indicated that CNA #1 had hit the resident with a hammer. The Administrator indicated that an unknown injury should be reported to OLTC by 11:00 AM, the next day.</p>		