

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Greystone Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  121 Spring Valley Road Cabot, AR 72023	

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 - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>38200</p> <p>Based on observation, record review and interview, the facility failed to ensure call lights were answered in a timely manner for 2 (Resident #33 and #16) of 2 sample mix residents. The findings are:</p> <ol style="list-style-type: none"> <li>1. On 06/18/2024 at 9:30 AM, observed Resident #33's call light turned on.               <ol style="list-style-type: none"> <li>a. Resident #33's Care Plan dated 05/25/2022 revealed the resident had an Activity of Daily Living (ADL) self-care performance deficit and was to be encouraged to use the bell to call for assistance.</li> <li>b. On 06/18/2024 at 9:38 AM, observed Licensed Practical Nurse (LPN) #1 sitting at the nurse's station. Certified Nursing Assistant (CNAs) were observed on the hallway.</li> <li>c. On 06/18/2024 at 9:42 AM, the Surveyor was asked by another resident for assistance to turn off a beeping noise. LPN #1 was notified that the resident needed assistance to turn a beeping noise off. After assisting the resident, observed LPN #1 return to the nurse's station without answering the call light for Resident #33.</li> <li>d. On 06/18/2024 at 9:44 AM, observed CNA #2 answer the call light for Resident #33.</li> <li>e. During an interview on 06/18/2024 at 9:45 AM, CNA #2 said call lights are usually answered within five to ten minutes. CNA #2 said usually another CNA will help, if the CNAs are busy or the nurses will assist.</li> <li>f. During an interview on 06/18/2024 at 9:46 AM, LPN #1 said call lights are usually answered in less than five minutes and said the nurses and other staff can assist. LPN #1 confirmed call lights should not go off for fifteen minutes.</li> <li>g. The facility provided an Inservice Education Report dated 03/05/2024 that noted, Call Lights: Must be answered in a timely manner. Do not turn a call light off until the task the resident needs done is completed.</li> </ol> </li> </ol> <p>49689</p> <ol style="list-style-type: none"> <li>2. On 06/19/2024 at 9:48 AM, observed Resident #16's call light was on. LPN #1 was sitting behind the nurse's station.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Greystone Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  121 Spring Valley Road Cabot, AR 72023	

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. On 06/19/2024 at 9:56 AM, observed LPN #6 walk by Resident #16's room to assist another resident. LPN #6 returned to the nurse's station after assisting the other resident. Resident #16's call light continued to light up, indicating a need for assistance.</p> <p>b. On 06/19/2024 at 9:59 AM, another staff member answered Resident #16's call light as two CNAs left the room across the hall with a sit to stand lift.</p> <p>3. On 06/19/2024 at 10:00 AM, the bathroom call light came on for Resident #16's room and two minutes later, LPN #6 walked past the bathroom call light without answering it.</p> <p>a. On 06/19/2024 at 10:05 AM, a CNA answered the bathroom light for Resident #16's room.</p> <p>b. On 06/19/2024 at 2:34 PM, during an interview LPN #6 stated the call light should be answered in a timely manner, and that any staff member can answer the call light. LPN #6 stated that the resident might need to go to the restroom, and we do not want them to get up or fall.</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 cross contamination did not occur during the serving of lunch trays and beard coverings were worn at all times in the kitchen.</p> <p>These are our findings:</p> <p>On 06/18/2024 at 11:40 AM, the Surveyor observed two Dietary Aides making the House Supplement. Dietary Aide # 4 was scooping ice cream into the mixer, while Dietary Aide #5 added a nutritional supplement and half and half into the mixer. Dietary Aide #5 had a full beard, including a mustache, that appeared two to three inches long and was preparing food for the residents without the use of a beard covering. The Surveyor observed Dietary Aide #5 leave, putting the half and half back into the fridge, before coming back to help Dietary Aide #4 finish the House Supplement and start the mixer.</p> <p>On 06/18/2024 at 12:00 PM, the Surveyor observed Dietary [NAME] #3 leaning over the steam table setting up for lunch service, when two beads of clear liquid fell off their nose and into the regular lima beans.</p> <p>On 06/18/2024 at 12:10 PM, the Surveyor observed lunch service, with the lima beans being plated for the residents.</p> <p>On 06/18/2024 at 12:30 PM, the Surveyor observed the dining room area, where residents were eating the lima beans and the rest of the lunch served.</p> <p>On 06/19/2024 at 1:58 PM, during an interview the Dietary Manager stated that beard restraints should be worn at all times or hair could fall into the food, its gross. The Dietary Manager then stated that bodily fluids should not be added to the food, as it is disgusting for it to happen. The Dietary Manager stated that the air conditioner was being worked on that day, and it was at least 80 degrees Fahrenheit (F) in the kitchen.</p> <p>On 06/20/24 at 8:25 AM, during a phone interview Dietary [NAME] #3 stated that bodily fluids should not be added into the food, as it is cross contamination like if you put your finger in the food.</p> <p>A review of the facility policy Dress Code stated, Food employees wear a hair covering which covers all hair completely. [NAME] guards but be used for employees with facial hair.</p>		