

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER The Green House Cottages of Poplar Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Kanis Rd Little Rock, AR 72204	
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48808</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to maintain an orderly, uncluttered environment for 1 (Resident #3) of 3 sampled residents.</p> <p>The findings include:</p> <p>Resident #3 had diagnoses of hepatic failure, cirrhosis of liver, and heart failure.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/25/2024 documented a Brief Interview for Mental Status (BIMS) score of 13 (13-15 indicates cognitively intact).</p> <p>On 04/30/2023 at 09:15 AM, the following observations were made in Resident #3 's bathroom:</p> <ol style="list-style-type: none"> Two wheelchairs and one shower chair in the shower stall. Clothing and blankets were stacked on top of the chairs. The toilet had a raised seat extender. On top of the raised seat extender was the bath basin used for bed baths, draining water from the basin into the toilet. The bathroom sink had several wet wash clothes drying on the sink. <p>On 04/30/2024 at 9:30 AM, Resident #3 was asked, Are they providing good care for you? Resident #3 responded, I have had colon cancer with treatments of chemotherapy, causing my gallbladder and liver to fail. My mind is very sharp, and I can make my needs known. I would like to get up out of bed, shower, and wear my own clothes. Resident #3 was asked, Do they get you up and provide showers? Resident #3 stated, I usually get a bed bath, the bathroom is too cluttered. The Surveyor asked, Have you asked the facility to unclutter the bathroom? Resident #3 stated, I have asked them to move some of the equipment out of the bathroom, one of those wheelchairs is not mine.</p> <p>On 04/30/2024 at 10:23 AM, Certified Nursing Assistant (CNA) #1 was asked, Can Resident #3 let [his/her] needs be known? CNA #1 stated, [Resident #3] calls on the call light, cannot get up, and we help [him/her] when [he/she] calls us. The Surveyor asked, Does the facility get [him/her] up and offer showers? CNA #1 responded, [Resident #3] only wants bed baths, and we cannot get in the shower because the room has too much equipment.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/30/2024 at 5:15 PM, the Administrator was asked, Are you aware that Resident #3 cannot access their shower or toilet due to clutter and storage in the bathroom? The Administrator stated, The Resident has refused to get out of bed, according to the staff. However, the bathroom should have been cleaned out without all this clutter. We can move equipment out and she has a niece that can remove some items out of the bathroom.</p> <p>A facility policy titled, Housekeeping and Maintenance read in part, .Rooms will be cleaned and put in order daily. If the resident chooses to keep his own room, the room will be regularly observed to ensure a clean, orderly room.</p>		