

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER CRESTPARK STUTTGART, LLC		STREET ADDRESS, CITY, STATE, ZIP 707 WEST 20TH STREET STUTTGART, AR 72160	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review and interview, the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID -19 and other communicable diseases and infections by not wearing a face mask, and not wearing the face mask to cover the nose. This failed practice had the potential to affect 67 residents in the facility according to the facility Census provided by the Business Office Manager (BOM) on 6/26/2020. The facility also failed to ensure the Housekeepers followed the Manufacture Guidelines for the Sani-Spray when disinfecting as evidence by not allowing the chemical to remain wet on the surface for 10 minutes while disinfecting the handrails. This failed practice had the potential to affect 46 residents that were mobile according to a list provided by the Administrator on 6/29/2020. The findings are: 1. On 6/26/2020 at 10:48 a.m., Housekeeper #1 was walking down the 200 Hall from the entrance door past the resident rooms to the Nurses' Station with her mask on with her nose uncovered. The Housekeeper was asked how the mask was supposed to be worn. The Housekeeper stated that she had just came in. The Housekeeper was asked if her mask was in the correct position. The Housekeeper stated, No. It should cover your mouth and nose. But I had just entered the building and walked down the hall. 2. On 6/26/2020 at 10:54 a.m., Licensed Practical Nurse (LPN) #1 was at the Nurses' Station sitting behind the desk on the 200 Hall without a mask on. There was a resident standing by the nurses' desk within 6 feet of the nurse. There was a resident sleeping in the recliner that was approximately 7 feet from the Nurses' Station. The LPN stated that she had pulled the mask off to talk on the phone. The LPN was asked if she was supposed to be wearing her mask at all time. The LPN stated, Yes. But I had to take it off to talk on the phone. 3. On 6/26/2020 at 10:58 a.m., there were 2 staff members in an office. Registered Nurse (RN) #1's mask was completely off and LPN #2's mask was off her face and positioned under her chin. a. LPN #2 was asked if they were supposed to be wearing a mask when more than one staff member was in the office and they were within 6 feet of each other. LPN #2 stated, Yes. b. RN #1 was asked if they were supposed to be wearing a mask when more than one staff member was in the office and they were within 6 feet of each other. The RN #1 stated, We were not in a residential area. c. RN #2 was asked, When should the staff wear their mask? The RN stated, They should wear the mask covering the mouth and nose whenever they are in the facility. RN #2 was asked, Should the mask be covering the mouth and nose at all times? RN #2 stated, Yes. For protection of all the residents. 4. On 6/26/2020 at 11:01 a.m., the Director of Nursing (DON) was asked if she was aware of the 2 staff that were in the office without mask on. The DON stated, I'm not aware that mask is required if they aren't in contact with residents. The DON was asked, Should the staff ensure that the mask is in the proper position by covering the mouth and nose when walking down the hall? The DON stated, If they are not in contact with a resident? The DON was asked if a Nurse was at the nurses' station with her mask completely off with a resident standing at the desk. The DON stated, They are required to wear a mask. The DON stated, Not aware that a mask should be worn if not in contact with a resident. She was asked if she was aware of the changes with the wearing of mask by the Centers for Disease Control (CDC). The DON stated, If they are within 6 feet of a resident or doing resident care. 5. On 6/26/2020 at 11:06 a.m., Housekeeper #2 was cleaning the handrails on the 200 Hall. She was using Sani Spray. The Housekeeper was spraying the chemical on the handrails and immediately wiping it off. Housekeeper #2 was asked What was the contact time? Housekeeper #2 stated, I don't know. 6. On 6/26/2020 at 11:58 a.m. Housekeeper #3 was spraying the Sani Spray on a cloth and wiping off the handrails. Housekeeper #3 was asked, What was the contact time? Housekeeper #3 stated, I don't know. 7. On 6/29/2020 at 11:25 a.m., the Administrator stated it was her understanding that the face mask was to be worn in the vicinity of a resident, or providing care, or preparing food. I was not aware if there was 2 staff members in an office that they had to wear a mask. The Administrator stated, I did read the documentation for the contact time to disinfectant to remain wet on a surface for 10 minutes. That is a long time. We are working on seeing if you can get another cleaner. 8. The Sani Spray documented, . Disinfecting hard nonporous surfaces, .treated surfaces must remain wet for 10 minutes. 9. CDC recommendations for wearing a facemask. Preparing for COVID-19 in Nursing Homes. Updated June 25, 2020. Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN). Implement Source Control Measures. o Health Care Professionals (HCP) should wear a facemask at all times while they are in the facility . 10. On 4/10/2020 an in-service by the DON titled Covid-19 What you need to know. Mask memo Re (regarding): proper placement over nose/mouth. Mask are required to be worn over the nose & mouth when in residents' room or providing any service for residents.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.