

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER BEEBE RETIREMENT CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP 709 MCAFFEE LANE BEEBE, AR 72012	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Complaint (AR 336) is substantiated, all or in part, in these findings: Based on observation, record review and interview the facility failed to ensure dignity was maintained by not exposing residents to staff smoking when the residents were no longer permitted to smoke. This failed practice had the potential to effect 6 residents (Residents #1, #2, #3, #4 #5 and #6) on the Covid-19 unit that smoke. The findings are: 1. On 08/27/2020 at 12:30 p.m., Resident #1 was asked, When were you told that you couldn't smoke anymore? Resident #1 replied, The 2nd day I came in. There were a group of us outside smoking. Resident #1 was asked, Did they explain the reason why they were stopping smoking at the facility? Resident #1 replied, No, they didn't tell me. They just said that's your last cigarette. Resident #1 was asked, How do you feel about not being able to smoke? Resident #1 replied, I think it's pretty dirty. I told them if you give me three days I can be off these cigarettes, but he didn't let me do it. Resident #1 was asked, Did the facility offer an alternative to smoking? Resident #1 replied, Yes, they said they would get me nicotine patches, but I can't use those because they irritate my skin too much. Resident #1 was asked, How do you feel about not being able to smoke? Resident #1 replied, I'm not allowed to smoke but I can see staff walking past my window and smoking, that's not right. 2. On 08/27/2020 at 1:15 p.m., the Administrator was asked, When was the no smoking policy put in place? The Administrator replied, I did an in-service on 08/14/2020, the day we put our COVID- 19 shelter in place order into effect. The Administrator was asked, Have any of the residents complained about not being able to smoke? The Administrator replied, We've had no resident complain. The Administrator was asked, Did you offer the (Resident #1) an alternative to smoking? The Administrator replied, Yes, we offered her the nicotine patches and the gum. She refused both. She said she didn't like the gum. The Administrator was asked, Are the staff being allowed to smoke? The Administrator replied, Yes, their smoking area is in a different part of the building and the residents can't see them. The Administrator was asked, If a staff member who smokes was providing care for a resident on the Covid-19 unit who smokes, and the resident smelled cigarette smoke on the staff member, do you think that would be a concern? The Administrator replied, Yes, I can see your point. I haven't thought about it that way.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.