

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 06/12/2020
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to ensure staff wore gown and gloves prior to walking into an isolation room, washed or sanitized their hands before and after close contact with a resident that was on contact/droplet precautions for 1 (Resident #1) of 4 residents that was on contact/droplet isolation to prevent the potential transmission of infection during a COVID -19 pandemic. This failed practice had the potential to affect 15 residents who resided on the East Hall and 11 residents who resided on West Hall, according to the roaster matrix provided by the Administrator 06/10/2020. The Findings are: 1. Resident #1 had [DIAGNOSES REDACTED], with late onset. A baseline care plan dated of 6/7/2020 did not address isolation or type of isolation the resident was placed on. a. Resident #1 was admitted on [DATE] and was placed in Airborne Contact Isolation on the West hall. The Director of Nursing (DON) stated, He was admitted on [DATE] and should have been in Droplet Isolation, that's where we put all our new admits. He has no symptoms and he's not on Oxygen or on a nebulizer. He has not been tested ; he will be tested on [DATE]. b. On 06/10/2020 at 11:19 am, Certified Nursing Assistant (CNA) #1 had her mask on. She picked up a cloth protector from a clear bag located at the bottom of the utility cart that contained glasses of water and tea. She went into an isolation room without gown or gloves and placed the cloth protector around the resident's neck and left the room. Without sanitizing her hands, she picked up a glass of water and a glass of tea from the cart and almost entered another resident's room. This surveyor stopped her and asked, What should you do before entering and exiting a resident's room? She stated, I don't know. What did I do wrong? She placed the glasses of water and tea that she was holding in her hands on the cart with the other water and tea glasses covered with foil. CNA#2 who was assisting in passing out fluids to the residents stated, You should have sanitized your hands and put your gown and gloves on. CNA #1 stated, I didn't know. c. On 6/10/2020 at 11:25 am, the Administrator was asked, What is your protocol when entering an isolation room? She stated, They are supposed to put a gown on before going into the isolation room and take it off in the room, hang it on a hook and sanitize their hands before they come out and that applies to all the staff members. The Administrator asked CNA #1 the reason she went into isolation room without her putting gloves and gown on. CNA #1 stated, I didn't know he was in isolation. d. On 06/10/2020 at 2:14 PM, a Contact Precaution . Infection Control Policy and Procedure Manual with a revised date of December 2016 documented, .Staff will wear mask, gloves and gown. Remove gloves before leaving the room and perform hand hygiene . e. On 06/12/2020 09:10 a.m., during a phone interview the Director of Nursing was asked, What is the facilities protocol on someone on droplet isolation, should the staff wear a gown? She stated, They should wear a gown and gloves when providing care and sanitize their hands. She should have worn a mask, gown and gloves when she was putting a cloth protector on the resident. f. According to the Administrator and other staff members interviewed the facility does not have COVID positive residents at this time.</p>		
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.