

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Crestpark Wynne, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Arkansas Street Wynne, AR 72396	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure Enhanced Barrier Precautions (EBP) were implemented for one (Resident #11) of three residents reviewed for wounds.</p> <p>The findings include:</p> <p>Resident #11:</p> <p>During an observation on 07/24/2025 at 9:12 AM, this surveyor observed Licensed Practical Nurse (LPN) #10 provide wound care to Resident #11. LPN #10 performed hand hygiene, prepare the supplies, then put on gloves, but failed to put on a gown prior to performing the wound treatment. This surveyor also observed there was no EBP signage or Personal Protective Equipment (PPE) noted outside Resident #11's room.</p> <p>A review of Resident #11's Face Sheet indicated the facility admitted the resident on 05/24/2022, with diagnoses which included a urinary tract infection, dehydration, and chronic obstructive pulmonary disease.</p> <p>A review of Resident #11's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/20/2025, revealed a Brief Interview for Mental Status (BIMS) score of 06, which indicated the resident had severely impaired cognition. The MDS also indicated Resident #11 was dependent on staff for transfers and required substantial/maximal assistance with dressing and required set up or clean up assistance with personal hygiene.</p> <p>A review of Resident #11's Physician Orders revealed the resident had wound treatment orders for their left buttock.</p> <p>A review of Resident #11's Resident Summary assessment dated [DATE], indicated a pressure ulcer to the resident's left buttock.</p> <p>During an interview on 07/24/2025 at 9:20 AM, LPN #10 confirmed she was not familiar with EBP. When asked what PPE should have been worn while performing high contact care to a resident with open wounds, she stated, Gloves for sure. If they have a PEG tube, a gown too if there would be any splashing. LPN #10 confirmed she did not wear a gown during the wound treatment for Resident #11.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Crestpark Wynne, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Arkansas Street Wynne, AR 72396	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/24/2025 at 9:28 AM, Certified Nursing Aide (CNA) #5 was asked if she was familiar with EBP, she stated, No. CNA #5 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, Gloves unless there would be splashing then gown, shoe covers, mask, and goggles.</p> <p>During an interview on 07/24/2025 at 9:38 AM, CNA #6 was asked if she was familiar with EBP. She stated, No. Is that where you put something down before your supplies? CNA #6 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, Gloves.</p> <p>During an interview on 07/24/2025 at 10:00 AM, CNA #8 was asked if she was familiar with EBP. She stated, Is that putting something down to protect something? CNA #8 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, I guess all of it, mask, gloves, gown, shoe covers to protect me.</p> <p>During an interview on 07/24/2025 at 10:23 AM, the Director of Nursing/Infection Preventionist (DON/IP) was asked if she was familiar with EBP. She stated, I think I've heard of that, but I can't tell you what it is. The DON/IP was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, You would need at least gloves. I know with PEG tubes; we wear a gown. I'm not sure about everything else. If there is a possibility of splashing, you would want to wear a gown, and possibly shoe covers in case they have an infection. This surveyor requested a policy or procedure for isolation. The DON/IP stated the facility did not have one. This surveyor asked about previous in-services or training provided regarding EBP. The DON/IP stated she thought there was but could not provide any previous in-services or training.</p> <p>During an interview on 07/24/2025 at 10:40 AM, LPN #11 was asked if she was familiar with EBP. She stated, I don't know. LPN #11 was then asked what PPE would be worn during high contact care for a resident with open wounds. She stated, gloves and maybe a gown if it's a PEG tube.</p> <p>During an interview on 07/24/2025 at 11:00 AM, the Administrator was asked if the facility had a policy or procedure regarding EBP or isolation. She stated, No, not that I know of.</p> <p>During an interview on 07/24/2025 at 1:44 PM, the Advanced Practice Registered Nurse was asked if she was familiar with EBP and what residents it should be implemented for. She stated, Yes, for residents with wounds, PEG tubes, PICC lines, any unusual openings to the body.</p> <p>On 07/24/2025 at 12:00 PM, the DON/IP provided the Skin/Wound Log and confirmed it was an updated list. In addition, she verified Resident #11 had an open, active wound.</p> <p>A review of the Skin/Wound Log dated 07/09/2025, indicated Resident #11 was listed with active wounds.</p>		