

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  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Crestpark Stuttgart, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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>Based on observations and interviews, the facility failed to ensure staff performed proper hand hygiene when feeding residents, affecting 4 (Resident #18, #34, #36, #39) of 4 residents observed that required assistance with dining.</p> <p>The findings include:</p> <p>On 03/24/25 at 12:07 PM, Certified Nursing Assistant (CNA) #4 wiped her face with her right hand and did not perform hand hygiene before feeding Resident #18. CNA #4 then touched straws, drinks, and a geriatric chair without sanitizing or washing her hands before continuing to feed Resident #18.</p> <p>On 03/24/25 at 12:11 PM, CNA #4 touched the ice machine door, the handle of the ice scoop, drinking glasses, and poured tea without sanitizing or washing her hands at any time. She then returned to feed Resident #18.</p> <p>On 03/24/25 at 12:12 PM, CNA #2 did not perform hand hygiene between feeding Resident #34 and Resident #39.</p> <p>On 03/24/25 at 12:24 PM, CNA #2 took a phone out of her pocket and returned the phone to her pocket. She then resumed feeding Resident #39 without sanitizing or washing her hands.</p> <p>On 03/24/25 at 12:35 PM, CNA #2 pushed a cart of returned lunch trays and then returned to feed a resident without sanitizing or washing her hands. CNA #2 touched several of Resident #34's food containers, went to Resident #8 and touched the tray and Resident #8's skin and clothing, then went back to Resident #34 without sanitizing or washing her hands.</p> <p>On 03/24/25 at 12:39 PM, CNA #2 used her hands to open the door in the dining room which led outside. CNA #2 came back in from outside and went to Resident #34's table, touching the tray and fork without performing hand hygiene.</p> <p>On 03/24/25 at 12:42 PM, CNA #5 failed to sanitize or wash her hands between feeding two residents sitting at the same table.</p> <p>On 03/24/25 at 12:44 PM, CNA #5 threw a used cup and lid away, pushed a food cart, and then picked up a clean glass, scooped ice out of ice chest using ice scoop, obtained a clean lid, opened and placed a straw in the cup, all without performing hand hygiene at any time. She then delivered the cup to a resident.</p> <p>On 03/25/25 at 07:42 AM, during dining observation, CNA #6 did not perform hand hygiene between</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>feeding Resident #36 and Resident #34. CNA #6 was drinking from a personal cup while feeding Resident #36 and Resident #34 without performing hand hygiene.</p> <p>On 03/26/25 at 07:40 AM, CNA #6 did not perform hand hygiene between feeding Resident #18 and Resident #26.</p> <p>On 03/26/25 at 07:48 AM, CNA #6 wore gloves and picked up used cloths from the tables and put them in a dirty cloth bin. Without removing the old gloves, CNA #6 went to table to feed Resident #1. Still without changing gloves or performing hand hygiene, CNA #6 went to other tables to pick up additional used cloths and took them to the dirty cloth bin. Using the same dirty gloves, CNA #6 touched geriatric chair handles, a resident's straw and eating utensils, and opened a canned drink for a different resident. CNA #6 returned to Resident #1 to continue feeding. No hand hygiene was performed during any part of this observation.</p> <p>On 03/27/25 at 08:38 AM, during an interview, Dietary Manager (DM) #11 stated staff should wash hands between residents when feeding residents and staff should not have cell phones nor personal drinks at the resident's table when feeding a resident.</p> <p>On 03/27/25 at 09:07 AM, during an interview with the Director of Nursing (DON), the DON stated staff should not have a personal beverage and/or drink a beverage at the resident's table while feeding the residents. She also stated staff should not take a cell phone from their pocket or even have a cell phone while feeding the residents. The DON verified staff should wash their hands between resident contact.</p>		