

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  The Green House Cottages of Homewood		STREET ADDRESS, CITY, STATE, ZIP CODE  215 Homewood Circle Mena, AR 71953	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, interview, and facility policy review, it was determined the facility failed to follow Enhanced Barrier Precautions (EBP) during intravenous catheter care for 1 (Resident #33) of 1 sampled resident reviewed for intravenous (IV) catheter care, IV antibiotic administration, and EBP.</p> <p>The findings are:</p> <p>Resident #33 had diagnoses of kidney abscess, diabetes mellitus (DM), cerebral palsy, hemiplegia, and neurogenic bladder. The significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/21/2025 indicated the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS), had an IV access, and took an antibiotic.</p> <p>Review of the care plan revealed Resident # 33 was on Isolation Precautions: Enhanced Barrier Precautions.</p> <p>Enhanced Barrier Precaution signage and personal protective equipment (PPE) was observed at the entry of Resident #33 ' s room.</p> <p>On 02/24/2025 at 3:30 PM, this surveyor observed Licensed Practical Nurse (LPN) #1 access an IV catheter to Resident #33 ' s left arm for IV antibiotic therapy. LPN # 1 entered the room with gloves already on, IV medication in hand, and did not don a PPE gown. This surveyor observed LPN # 1 initiate Resident #33 ' s IV medication through the IV catheter in the resident ' s left arm. No hand hygiene was performed between glove changes and a gown was worn while providing direct care to the resident.</p> <p>On 02/24/2025 at 3:40 pm, during an interview, this surveyor asked LPN #1 what she should have done differently while providing care to Resident #33. LPN #1 stated she should have performed hand hygiene and worn a gown due to Resident #33 being on Enhanced Barrier Precautions (EBP). This surveyor asked LPN #1 what the reason for hand hygiene and EBP was. LPN #1 stated the purpose was to prevent infection.</p> <p>On 02/26/2025 at 9:45 AM, this surveyor received a Hand Washing Policy and Enhanced Barrier Policy from The Infection Preventionist.</p> <p>On 02/26/2025 at 3:50 PM, this surveyor interviewed the Assistant Director of Nursing (ADON). The ADON was asked what process staff were expected to use during IV access and antibiotic administration and providing care for residents on EBP. The ADON stated staff should wash their hands and don gloves prior to care and staff should follow Enhanced Barrier Precautions prior to resident care.</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 - Few</p>	<p>A review of a policy titled, Hand Hygiene, revealed hand hygiene should be performed before applying and after removing gloves.</p> <p>A review of a policy titled, Implementation of Personal Protective equipment (PPE) Use in nursing homes to prevent spread of Methicillin Resistant Drug Organism (MDRO) read, Enhanced Barrier Precautions. Enhanced Barrier Precautions (EBP) are indicated for residents that have wounds and/or indwelling medical devices Personal Protective Equipment (PPE) (Gloves and Gowns) are to be utilized for these residents during high-contact resident care activities such as indwelling medical device.</p>		