

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Greenbrier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  #16 Wilson Farm Road Greenbrier, AR 72058	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, record review, and interviews, it was determined the facility failed to provide an environment that promoted maintenance or enhancement of the resident's quality of life by not dressing the resident in clean clothes after showering/bathing and not dressing the resident in clean clothes daily for 1 (Resident #45) of 1 resident reviewed for resident rights.</p> <p>The findings are:</p> <p>The annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/20/2024, revealed Resident #45 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated the resident had severe cognitive impairment. Further review indicated the resident had a diagnosis of Alzheimer's disease and required setup assistance for upper body dressing.</p> <p>A review of Resident #45's care plan, revised on 07/19/2021, revealed the resident had an activity of daily living (ADL) self-care deficit related to Alzheimer's, confusion, and dementia. Interventions included providing assistance of one staff for bathing and dressing.</p> <p>On 09/09/2024 at 11:44 AM, during a concurrent observation and interview, Resident #45's family member stated the resident had been seen wearing the same clothes for several days in between showers. Resident #45 was wearing a blue plaid shirt and dark pants, and the family member stated it was the same outfit the resident had been wearing since last Thursday (09/05/2024).</p> <p>On 09/10/2024 at 09:08 AM, Resident #45 was wearing the same clothing as 9/9/24. A record review of completed tasks records showed the resident received shower at 2:00 PM 09/09/2024.</p> <p>During a concurrent observation and interview on 09/11/2024 at 09:11 AM, Resident #45's family member stated the resident was wearing the same clothes as 9/9/2024. Resident #45 was wearing a blue plaid shirt and dark pants which appeared to be the same as 09/09/2024 and 09/10/2024. The family member confirmed the resident only had one blue plaid shirt.</p> <p>During an interview on 09/11/2024 at 09:40 AM, Certified Nursing Assistant (CNA) #13 stated resident's clothes were to be changed every day before breakfast.</p> <p>During an interview on 09/11/2024 at 9:52 AM, CNA #10 stated she was the staff member that completed Resident #45's shower just before 2:30 PM on 9/9/2024. CNA #10 stated residents are dressed in clean clothes after a shower. CNA #10 then stated, when she was done giving Resident #45 a shower, she realized she forgot to grab a clean shirt to take to the shower room but did put clean pants on the resident. CNA #10 stated she could have used the call light to ask for another staff member to bring</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 045381
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>her a shirt for the resident or put a clean shirt on the resident when she took the resident back to their room.</p> <p>During an interview on 9/11/2024 at 10:15 AM, the Director of Nursing (DON) stated staff should change resident's clothing daily and after a shower or bath. The DON was unsure of a facility policy regarding changing residents' clothing.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on observations, interviews, record review, and facility policy review, it was determined the facility failed to ensure a Minimum Data Set (MDS) assessment was accurately completed for 1 (Resident #50) of 18 sampled residents who were reviewed for MDS assessment accuracy. Specifically, the facility failed to ensure information regarding a resident's tobacco use was accurately completed.</p> <p>Findings include:</p> <p>A review of the admission Record, indicated the facility admitted Resident #50 with diagnoses that included nicotine dependence, cigarettes, with other nicotine-induced disorders and heart disease.</p> <p>The admission MDS, with an Assessment Reference Date (ARD) of 04/11/2024, revealed Resident #50 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Section J1300 indicated Resident #50 was not a tobacco user.</p> <p>A review of Resident #50's care plan, with a revised date of 07/15/2024, revealed no focus, goal or interventions for tobacco use.</p> <p>A review of the Nsg [Nursing] Smoking Assessment and Care Plan, dated 04/05/2024, revealed Resident #50 used traditional tobacco products and was able to manage ashes, was provided cigarettes and matches/lighter from others. The outcome of the assessment indicated Resident #50 could smoke with supervision and was signed by Licensed Practical Nurse (LPN) #14 on 04/05/2024.</p> <p>A review of the Nsg Smoking Assessment and Care Plan, dated 07/11/2024, revealed Resident #50 used traditional tobacco products and was able to manage ashes, was not provided cigarettes and matches/lighter from others. The outcome of the assessment indicated Resident #50 could smoke with supervision and was signed by the MDS Coordinator on 07/22/2024.</p> <p>During an observation on 09/10/2024 at 1:40 PM, Certified Nursing Assistant (CNA) #15 assisted Resident #50 and two other residents outside the building to the smoking area.</p> <p>At 1:46 PM, CNA #15 assisted Resident #50 with lighting the cigarette.</p> <p>During an interview on 09/10/2024 at 2:24 PM LPN #14 stated an assessment, that included tobacco use, was filled out as part of the initial nursing assessment on Resident #50's admission and should have been filled out completely. LPN #14 stated an email was sent to notify the MDS Coordinator of smokers and the tobacco use would be added to the MDS. LPN #14 stated Resident #50's use of tobacco should be reflected on the MDS.</p> <p>During an interview on 09/10/2024 at 2:39 PM, the MDS Coordinator stated the smoking assessment was done the first time a resident goes out to smoke and the assessment is reviewed by the MDS Coordinator, placed on the MDS and then placed on the care plan by the Care Plan Coordinator. The MDS Coordinator stated the MDS should contain information on tobacco use by Resident # 50 however, and verified that it was not documented on the MDS.</p> <p>During an interview on 09/10/2024 at 2:54, the Director of Nursing (DON) stated the admission nurse is expected to complete the initial assessment which is used by the MDS Coordinator to complete the MDS .</p> <p>(continued on next page)</p>		

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F 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 09/10/2024 at 3:53 PM, the Administrator stated the facility follows the MDS RAI manual for MDS, and there was not a separate policy and procedure.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observations, interviews, record review, and facility policy review, it was determined the facility failed to ensure a care plan was accurately completed for 1 (Resident #50) of 18 sampled residents who were reviewed for a comprehensive care plan. Specifically, the facility failed to ensure information regarding a resident's tobacco use was accurately documented.</p> <p>Findings include:</p> <p>Review of the admission Record, indicated the facility admitted Resident #50 with diagnoses that included nicotine dependence, cigarettes, with other nicotine-induced disorders and heart disease.</p> <p>The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/11/2024, revealed Resident #50 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Section J1300 indicated Resident #50 was not a tobacco user.</p> <p>Review of Resident #50's care plan, with a revised date of 07/15/2024, revealed no focus, goal or interventions for tobacco use.</p> <p>Review of the Nsg [Nursing] Smoking Assessment and Care Plan, dated 04/05/2024, revealed Resident #50 used traditional tobacco products and was able to manage ashes, was provided cigarettes and matches/lighter from others. The Care Plan section of the assessment was left blank. The outcome of the assessment indicated Resident #50 could smoke with supervision and was signed by Licensed Practical Nurse (LPN) #14 on 04/05/2024.</p> <p>Review of the Nsg Smoking Assessment and Care Plan, dated 07/11/2024, revealed Resident #50 used traditional tobacco products and was able to manage ashes, was not provided cigarettes and matches/lighter from others. The Care Plan section of the assessment was left blank. The outcome of the assessment indicated Resident #50 could smoke with supervision and was signed by the MDS Coordinator on 07/22/2024.</p> <p>During an observation on 09/10/2024 at 1:40 PM, Certified Nursing Assistant (CNA) #15 assisted Resident #50 and two other residents outside the building to the smoking area. At 1:46 PM, CNA #15 handed Resident #50 a cigarette and assisted Resident #50 with lighting the cigarette. Resident #50 finished their cigarette and placed it in a cigarette disposal container on the table.</p> <p>During an interview on 09/10/2024 at 2:24 PM, LPN #14 stated, an assessment, that included tobacco use, was filled out as part of the initial nursing assessment on Resident #50's admission and should have been filled out completely and did not know why it was not. LPN #14 stated an email was sent to notify the MDS Coordinator of smokers and the tobacco use would be added to the resident's care plan. LPN #14 stated, Resident #50's use of tobacco should be reflected on the care plan.</p> <p>During an interview on 09/10/2024 at 2:39 PM, the MDS Coordinator stated, the smoking assessment was done the first time a resident goes out to smoke and the assessment was reviewed by the MDS Coordinator, placed on the MDS and then placed on the care plan by the Care Plan (CP) Coordinator.</p> <p>During an interview on 09/10/2024 at 2:48 PM, the CP Coordinator stated the care plan was completed by looking at the assessment. CP Coordinator stated the tobacco use was addressed on the care plan</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and provided a care plan with an initiation date of 09/10/2024. The CP Coordinator stated that if tobacco use were not on the care plan, a resident would not have proper supervision, and staff would not use proper procedure putting a smoking apron on Resident #50. The resident's care plan was updated to reflect smoking during the interview.</p> <p>After the interview with the CP Coordinator, an additional review of Resident #50's Care Plan Revision, with an initiated date of 08/07/2024, revealed focus of smoking that included Resident #50 as a safe smoker and did not attend afternoon smoking break. Interventions/tasks included Resident #50 being oriented to smoking areas and procedures, requesting materials that included cigarettes and an apron, prior to smoking, demonstrate ability to hold smoking device while smoking, and will verbalize where smoking materials will be used.</p> <p>A review of Resident #50's care plan Changes Since Last Review, dated 09/10/2024 indicated the original care plan item listed as Resident wishes to smoke . was created on 09/10/2024 by the Care Plan (CP) Coordinator, however, was back dated to reflect the date of 08/07/2024 as noted on the resident's care plan.</p> <p>During an interview on 09/10/2024 at 2:54, the Director of Nursing (DON) stated the admission nurse was expected to complete the initial assessment which was used by the CP Coordinator to complete an accurate care plan.</p> <p>During an interview on 09/10/2024 at 3:53 PM, the Administrator stated the facility follows the MDS RAI manual for care plans, and there was not a separate policy and procedure.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, interviews, and facility policy review, it was determined that the facility failed to ensure medication on 2 of 2 medications carts and 1 of 1 treatment cart had medications safely secured and 1 of 1 medication room had medications safely secured for 3 carts and 1 medication room reviewed for medication storage.</p> <p>Findings include:</p> <p>Review of a facility policy titled, Medication Storage in the Facility, revised in January 2018, indicated medications should be stored safely and securely with access limited to licensed personnel and pharmacy staff.</p> <p>During an observation on 09/10/2024 at 4:57 AM, the 500-Hall medication room, located directly behind the nurse's desk, had the door propped open by a trash can in the doorway. A sign on the door stated, Medication Room, as well as a sign on the door indicating Door to be closed at all times. LPN (Licensed Practical Nurse) #5 was sitting at the nurse's desk, along with Certified Nursing Assistant (CNA) #13 standing at the kiosk, located to the left of the nurse's desk. At 5:20 AM, LPN #5 had prepared medication for Resident #54 from the medication cart, located in front of the nurse's desk. After preparing the medication, she left Resident #54's thyroid medication bubble pack, with medication still inside, on top of the medication cart, left the medication cart unlocked, and walked down the hall to provide the medication to the resident. CNA #13, an unlicensed person, was left unattended at the nurse's station with access to 500-Hall medication room, which was still propped open by a trash can. LPN #5 was not in direct line of sight to the medication room or the medication bubble pack once she entered a resident's room.</p> <p>During an interview on 09/10/2024 at 5:35 AM, LPN #5 stated the medication room was left unsecured, and the medication cart was left unsecured. LPN #5 stated this could lead to all kinds of horrible things, someone could steal medications, or a resident could ingest them.</p> <p>During a concurrent observation and interview on 09/10/2024 at 5:44 AM, a treatment cart was found unsecured at the main nurse's station. LPN #7 walked over to the treatment cart, locked the cart, then got her keys out to unlock the treatment cart. LPN #7 stated there were prescriptions and medicated creams in the cart which could be ingested by a resident and the cart should be locked when unattended</p> <p>During a concurrent observation and interview on 09/10/2024 at 7:23 AM, LPN #6 left the 100/200-Hall medication cart unsecured and unattended on the 100-Hall while in a resident room. LPN #6 was not in line of sight of the medication cart after entering the resident's room. LPN #6 stated the medication cart was left unsecured when LPN #6 observed it upon returning to the hallway and it should have been locked. A resident was sitting in a wheelchair directly next to the unsecured medication cart, waiting for medication, during the observation</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview the facility failed to ensure food products were discarded on or before the expiration date, food preparation surfaces are sanitized between use, and staff properly washed hands with soap and water to prevent cross-contamination effecting 74 of 74 residents who reside within the facility and receive foods or services from the kitchen.</p> <p>The findings include:</p> <p>During an observation and interview on 09/09/2024 at 1:00 PM, the Dietary Manager walked outside of the facility to where the dumpsters were located, and she opened the gate for the dumpsters. Upon re-entering the kitchen and without washing her hands, the Dietary Manager opened the ice machine lid and touched parts of the inside of the ice machine. This ice machine was used by kitchen staff to provide beverages for all residents. The Dietary Manager stated her hands should have been washed between going outside and coming inside and touching clean supplies.</p> <p>During a concurrent observation and interview on 09/09/2024 at 2:00 PM, Dietary Aide #1 wiped down the kitchen countertop with a washcloth. Without changing her gloves or washing her hands, Dietary Aide #1 picked up a tray of clean cups and placed the tray on the line to be used for facility meal service. Dietary Aide #1 stated her hands should have been washed and gloves changed after touching dirty equipment and before touching clean dishes.</p> <p>During a concurrent observation and interview on 09/11/2024 at 10:30 AM, there were two storage containers of breakfast cereal to be used for residents during meal services in the dry food storage area. One container containing breakfast cereal had expiration date of 8/12/2024 and the other had expiration date of 9/1/2024. The Dietary Manager stated that foods should be discarded past their expiration date.</p> <p>During a concurrent observation and interview on 09/11/2024 at 10:40 AM, Dietary Aide #3 wet a dry washcloth with tap water and wiped down the kitchen countertop with the washcloth. Without changing her gloves or washing her hands, Dietary Aide #3 grabbed a clean container to put puree vegetables in from the steam table for the resident's lunch. Dietary Aide #3 stated her hands should have been washed and gloves should have been changed after wiping surfaces and before touching clean equipment or utensils. Dietary Aide #3 and Dietary Manager stated that the surfaces were wiped down with a washcloth that was wet with water and did not have any sanitizing solution on the washcloth. Dietary Aide #3 and Dietary Manager stated that preparation surfaces were sanitized every evening. Dietary Aide #3 stated that preparation surfaces should have been sanitized between all tasks using the appropriate cleaner and allowing for dry times to prevent cross contamination and preventable infections.</p> <p>During a concurrent interview and observation on 09/11/2024 at 12:00 PM, Dietary Aide #4 put on gloves and prepared cheeseburger plates. Dietary Aide #4 walked away from preparing plates and went into the storage room and removed a loaf of bread from the bread rack. Without changing gloves or washing hands, Dietary Aide #4 continued preparing cheeseburger plates for resident's meal service. Dietary Aide #4 stated her gloves should have been changed, and hand hygiene should have been performed after touching dirty surfaces or materials and before touching clean food items.</p> <p>During a concurrent interview and observation on 09/11/2024 at 1:00 PM, Dietary Aide #2 placed a suction plate lifter, suction cup down, on the outside lid of the plate warmer and then placed</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>additional plates in plate warmer. Without sanitizing the suction cup plate lifter, Dietary Aide #2 placed the suction plate lifter into center of plate and placed plate on tray to be used for resident meal service. Dietary Aide #2 stated the suction plate lifter should be stored on a clean surface or sanitized if stored on dirty surface before using suction plate lifter on clean plates for meal service.</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record review, facility document review, facility policy review, it was determined that the facility failed to ensure aseptic technique was maintained during Peripherally Inserted Central Catheter (PICC) line Intravenous (IV) medication administration 1 (Resident #14) of 6 residents observed during medication administration. The facility also failed to initiate and or follow Enhanced Barrier Precautions (EBP) for 3 residents (Resident #14, #24, and #53) of 9 residents reviewed for infection control.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of a facility policy titled, Handwashing/Hand Hygiene, dated 11/22/2017, indicated hand hygiene was the primary means to prevent the spread of infections and should not be replaced with the use of gloves. Integration of hand hygiene with glove use is recognized as best practice for preventing healthcare-associated infections.</li> <li>2. Review of an undated facility policy titled, Infusion Therapy/Medication Administration indicated, hand hygiene should be performed after identifying the resident and explaining the procedure. An aseptic technique should be maintained, and the PICC lines needless connector hub should be thoroughly cleaned with alcohol and allowed to dry.</li> <li>3. Review of the facility's untitled April 2024 in-service, dated 04/15/2024, indicated residents with medical devices were at high risk for infection and should be placed on EBP for their protection. EBP requires staff to wear a gown and gloves for direct resident care.</li> <li>4. Review of the facility's June 2024 in-service titled, Steps to Take When Placing a Resident in Enhanced Barrier Precaution, dated 06/04/2024, indicated a resident with a PICC line was a reason for placing a resident on EBP.</li> <li>5. Review of an admission Record, indicated the facility admitted Resident #14 with diagnoses that included infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts and severe sepsis with septic shock.             <ol style="list-style-type: none"> <li>a. Review of Resident #14's Order Summary Report indicated Resident #14 was receiving two IV antibiotics for an infection related to complications post implanted cardiac pacemaker. Resident #14 also had a physician's order for EBP related to the PICC line, which was ordered on 08/09/2024, as part of aftercare following surgery of the circulatory system.</li> <li>b. Review of Resident #14's care plan, dated on 09/12/2024, revealed the resident was at risk for MDRO (Multi Drug Resistant Organism) a bacterial infection. Interventions included utilizing EBP to keep Resident #14 infection free.</li> <li>c. During an observation on 09/10/2024 at 5:23 AM, Licensed Practical Nurse (LPN) #5 did not perform hand hygiene but put gloves on at the 500-Hall nurses' station prior to medication preparation at the 500-Hall nurses' medication cart. LPN #5 then carried a medication cup of pills and applesauce, and IV medication supplies to Resident #14 room. With the same pair of gloves LPN #5 turned on the light, moved the bedside table, helped the resident out of bed, touched the IV pump, threw away an old exposed IV tubing set, primed and prepared the new IV tubing set, opened a normal saline flush, took the protective plastic cover off the new IV tubing set, opened two alcohol pads with her teeth,</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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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>and used the alcohol pads to gently wipe the end of the PICC line's needles connector hub with one single motion. She then flushed the PICC line with the normal saline flush and connected the new IV tubing set to the needless connector hub for IV antibiotic administration. LPN #5 did not perform hand hygiene in the room, replace contaminated gloves with new ones, put on a gown as part of EBP, or maintain aseptic technique for the PICC line.</p> <p>d. During an interview on 09/10/2024 at 5:35 AM, the LPN #5 stated they did not perform good hand hygiene during the observation, and they knew better. LPN # 5 also stated alcohol pads should not be opened with the teeth for hygiene purposes.</p> <p>e. During an interview on 09/11/2024 at 1:11 PM, Infection Preventionist (IP) #8 stated residents with a PICC line should be placed in EBP for infection control. IP #8 stated the facility's June 2024 in-services addressed this and provided the surveyor with a copy. IP #8 stated staff should perform hand hygiene prior to putting on Personal Protective Equipment (PPE) when entering the resident's room. IP #8 stated a nurse should not use the teeth to open alcohol pads, because the mouth is dirty, and they were contaminating the alcohol pad.</p> <p>f. During an interview on 09/11/2024 at 2:16 PM, the Director of Nursing (DON) was shown the June in-service Steps to Take When Placing a Resident in Enhanced Barrier Precaution, and acknowledged it was the facility's current practice to which staff referred to for guidance. DON stated PICC lines were to be placed in EBP and alcohol pads should not be opened with a nurse's mouth due to infection risk.</p> <p>6. Review of Enhanced Barrier Precautions [EBP] in Nursing Homes from the Centers for Medicare and Medicaid Services (CMS) indicated, EBP are used in conjunction with standard precautions and expand the use of PPE [personal protective equipment] to putting on of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and cloth. EBP are indicated for residents with any of the following: Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.</p> <p>7. Review of a Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/28/2024, revealed Resident #24 had a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident had severe cognitive impairment. Further review indicated Resident #24 had diagnoses of peripheral vascular disease, below the knee amputation, diabetes mellitus, paralysis of half of the body, and multiple sclerosis.</p> <p>a. Review of Resident #24's care plan, revised on 05/25/2023, revealed the resident had a problem with skin integrity related to cognition, diabetes and a right below knee amputation. Interventions included the resident was to receive any treatment to skin issues per physician's order. The care plan did not indicate the resident had a pressure ulcer to the resident's right foot.</p> <p>b. Review of Resident #24's Clinical Physician's Orders, indicated the resident had a treatment order to treat a diabetic injury with a start date of 08/23/2024. There were no orders for enhanced barrier precautions (EBP) for Resident #24.</p> <p>c. During an observation on 09/09/2024 at 11:30 AM, there was no sign or indication to staff that</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Greenbrier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  #16 Wilson Farm Road Greenbrier, AR 72058	
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>Resident #24 was on EBP.</p> <p>d. During an observation on 09/09/2024 at 1:30 PM, there was no sign or indication to staff that Resident #24 was on EBP. Licensed Practical Nurse (LPN) #12, wearing only gloves was in the process of assessing Resident #24's diabetic foot ulcer to the left foot, on the second toe. Upon observation, redness and swelling were noted to the area surrounding the ulcer which was partially scabbed with scant drainage noted.</p> <p>8. Review of a Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/06/2024, revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated the resident had severe cognitive impairment. Resident #53 had a diagnosis of diabetes mellitus.</p> <p>a. Review of Resident #53's care plan, revised on 04/30/2024, revealed the resident had an unstageable pressure injury to the left buttock. Interventions included reviewing physician's orders for the current treatment plan. Further review indicated the resident had potential/actual skin impairment which had an intervention to follow the facility protocol for treatment of injury. The care plan did not indicate the resident had a pressure ulcer to the resident's right foot.</p> <p>b. Review of Resident #53's Clinical Physician's Orders, indicated the resident had an order to treat a diabetic injury to the bottom of their right foot. There were no orders for enhanced barrier precautions (EBP) or for a pressure ulcer treatment to the buttocks for Resident #53.</p> <p>c. During an observation on 09/09/2024 at 11:45 AM, there was no sign or indication to staff that Resident #53 was on EBP.</p> <p>d. During an interview on 09/09/24 at 3:50 PM, the Administrator stated the facility did not have a policy on enhanced barrier precautions and they followed the CMS guidelines.</p> <p>e. During an interview on 09/10/24 at 9:10 AM, Licensed Practical Nurse (LPN) #12 stated EBP was for residents with stage 3 or 4 pressure ulcers, catheters, and peripherally inserted central catheter (PICC) lines.</p> <p>f. During an interview on 09/10/24 at 9:32 AM, Certified Nursing Assistant (CNA) #9 stated the facility places the residents on enhanced barrier precautions for an open sore, catheter, and indwelling equipment.</p> <p>g. During an interview on 09/10/24 at 10:45 AM, Infection Preventionist (IP) #8 stated EBP was used for residents that have indwelling devices such as indwelling urinary catheters and PICC lines and EBP was also used for chronic wounds, which were stage 3 and stage 4 pressure ulcers only.</p> <p>h. During an interview on 09/10/24 at 11:19 AM, the Director of Nursing (DON) stated residents were placed on enhanced barrier precautions for indwelling urinary catheters, PICC lines, and certain stages of pressure ulcers.</p> <p>i. Upon review of the facility's in-services, an in-service titled, Enhanced Barrier Precautions, dated 04/30/2024, stated, Identify the resident: A. They have [an indwelling urinary] catheter B. They have a new colostomy C. infection or colonization of a CDC [Centers for Disease Control and Prevention] targeted multi drug resistant organism (when normal contact isolation does not apply) D. Chronic wounds (not shorter lasting wounds like skin breaks or tears) for instance pressure ulcers,</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Greenbrier Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  #16 Wilson Farm Road Greenbrier, AR 72058	
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(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	diabetic foot ulcers, unhealed surgical wounds and venous stasis ulcers E. indwelling medical devices include central lines, feeding tubes or tracheostomies (not a an IV or a PICC line).		