

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2022
NAME OF PROVIDER OR SUPPLIER Crestpark Helena, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 116 November Drive Helena, AR 72342	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>43409</p> <p>Based on observation and interview, the facility failed to ensure a bathroom light was maintained and functioned to provide adequate lighting for one restroom utilized by two residents. The findings are:</p> <p>a. On 11/1/22 at 11:29 am, in the adjoining bathroom for (named) rooms, the light did not work. There were two light each side of the bathroom that did not work.</p> <p>b. On 11/1/22 at 1:48 pm, The Surveyor and Certified Nursing Assistant (CNA) #1 walked into the restroom of adjoining (named) rooms. The light would not come on. The Surveyor asked CNA #1, Is it a hazard for the bathroom light to not work for the residents that use this restroom? CNA #1 stated, Yes. The surveyor asked CNA #1 is this floor wet? The CNA #1 stated, Yes, it is resident in (named room) will come in here and pee in the floor. He does it all the time.</p> <p>c. On 11/1/22 at 1:26 pm, the Administrator provided a policy titled, Quality of Life-Homelike Environment. The policy documented, .Comfortable and adequate lighting is provided in all areas of the facility to promote a safe, comfortable, and homelike environment. The lighting design emphasizes a. Sufficient general lighting in resident-use areas .</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>43409</p> <p>Based on observation and interview the facility failed to ensure that medications were placed in a secure location to prevent residents from accidentally ingesting them which could cause a potential accident. This failed practice had the potential to affect 11 residents (R #3, R #7, R #10, R #11, R #12, R #13, R #14, R #17, R #21, R #22, and R #23) that were mobile and reside on the 100 Hall according to the Room-Bed List for 11/1/22. The findings are:</p> <p>a. On 11/1/22 at 10:32 am, in the lobby of 100 Hall there was a lunch box sitting on the table. The lunch box was open and there was a green pill container with pills laying on top of the food in the box. There were two drink bottles and a microwavable meal laying on the table beside the lunch box. The green pill box was labelled by the day and contained approximately 18 pills. There were no staff present in the lobby to account for the lunch box with medications.</p> <p>b. On 11/1/22 at 12:25 am, The Surveyor and the Administrator walked to the lobby on 100 Hall. The lunch box with medications remained on the table. The microwavable food and the bottles were gone. The Surveyor asked the Administrator, Is there potential for a resident to get into those medications in the green container in the lunch box that is open? The Administrator stated, Yes. The Administrator picked up the lunch box and carried it away with her.</p> <p>c. On 11/1/22 at 1:26 pm, The Administrator provided a policy labeled Accidents and Hazards. The policy stated, [Facility Name] will have a safe environment with no hazards for all residents. 1. We will have no unsecure medication in the facility within resident's reach .3. We will Inservice staff per DON (Director of Nursing), ADON (Assistant Director of Nursing) that all personal items will be locked up in a secure place or left in vehicle.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>43409</p> <p>Based on observation, and interview the facility failed to ensure call lights were maintained and functioning to meet the needs of residents who required assistance and to aid in prevention of possible injury. This failed practice had the potential to affect all 40 residents residing in the facility according to the Census provided by the Administrator on 11/1/22 at 10:07am. The findings are:</p> <p>a. On 11/1/22 at 10:24 am, The Surveyor entered the bathroom of (named) room and (named) room. The cord to the call light had a dark brown substance on it and the cord was wrapped around the grab bar multiple times. The cord coming from the call light base had a dark brown substance on it and the face plate attached to the wall.</p> <p>b. On 11/1/22 at 10:45 am, the women's restroom on the 100 Hall had call lights in two stalls that appeared to be rusted. The Surveyor asked Licensed Practical Nurse (LPN) #1 to enter the restroom with the Surveyor. The Surveyor asked LPN #1, Do the call lights work in these two-bathroom stalls? LPN #1 stated, I am not sure. The Surveyor asked LPN #1 to pull the call light cord in the first stall. LPN #1 pulled the cord and stated, It won't come out. I guess it doesn't work. The Surveyor asked LPN #1 to pull the call light cord in the second stall. LPN #1 pulled the cord and stated, It won't come out either. The Surveyor asked LPN #1, Would you say that call light doesn't work? LPN #1 stated, No, it doesn't. The Surveyor and LPN #1 entered the men's restroom on the 100 Hall. The surveyor asked LPN #1, Do you know if these calls lights work in these two stalls? LPN #1 stated, I don't know but I can pull the cord. LPN #1 pulled both cords in each male stall. The cords would not pull from the wall. LPN #1 stated, I guess these don't work either since you can't pull them out.</p> <p>c. On 11/1/22 at 12:09 pm, Licensed Practical Nurse (LPN) #1 and Surveyor entered bathroom of (named) room and (named) room. The surveyor asked LPN #1, Should the call light cord be rolled around the grab bar? LPN #1 stated, No it should not. The Surveyor asked LPN #1, What can happen with the cord being rolled up on the grab bar? LPN #1 stated, Someone could fall and not be able to pull the cord. The Surveyor asked LPN #1 to pull the call light cord and she did. The Surveyor asked LPN #1, Did the call like work? LPN #1 stated, I didn't hear anything. The Surveyor asked LPN #1, What can happen if the call light doesn't work? LPN #1 stated, Resident could fall and not get help.</p> <p>d. On 11/1/22 at 12:19 pm, The Administrator and the Surveyor walked in the bathroom adjoining rooms (named). The Surveyor asked the Administrator, Can you pull the call light? The Administrator pulled the call light, it did not do anything. The Surveyor asked the Administrator, Is that call light working? The Administrator stated, No. The Surveyor asked the Administrator, Should the call light cord be rolled up on the grab bar? The Administrator stated, No. The Administrator unrolled the call light cord from the grab bar.</p> <p>e. On 11/1/22 at 12:23 pm, The Administrator and the Surveyor walked into the women's restroom on 100 Hall. The Surveyor notified the Administrator of the call lights in the women's and men's restroom on the 100 Hall that did not work. The Administrator stated, Residents don't use these restrooms. The surveyor asked the Administrator, Since residents don't use this restroom is there still potential for a fall to occur in here and someone need help? The Administrator stated, Yes.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>f. On 11/1/22 at 1:44 pm, The Surveyor entered restroom of (named) room. The Surveyor pulled the call light in the bathroom with the permission of the resident in (named) room. The cord moved slightly. The Surveyor waited outside the room approximately 3 minutes and Certified Nursing Assistant (CNA) #2 came walking down the hall looking into rooms. The Surveyor asked CNA #2, What are you looking for? CNA #2 stated, There is a bathroom call light beeping somewhere and I am looking for it. The Surveyor asked, Should the light outside the room light up when the bathroom call light is pulled? CNA #2 stated, Yes, it should but sometimes they don't. It did beep and light up at the nurse's station but not in the hall.</p> <p>g. On 11/1/22 at 1:48 pm, The Surveyor and CNA #1 walked into restroom of adjoining (named) rooms. The light would not come on. The Surveyor asked CNA #1, Is this floor wet? CNA #1 stated, Yes, it is the resident will come in here and pee in the floor. He does it all the time. The Surveyor asked CNA #1, Will you pull the call light? CNA #1 pulled the call light and was unable to pull the cord. The Surveyor asked CNA #1, Is this call light working? CNA #1 stated, No.</p> <p>h. On 11/1/22 at 1:26 pm, The Administrator provide a policy labeled Answering the Call light. The policy documented, The purpose of this procedure is to respond to the resident's requests and needs .2. Demonstrate the use of the call light. 3 . (Explain to the resident that a call system is also located in his/her bathroom. Demonstrate how it works.) .7. Report all defective call lights to the nurse supervisor promptly .</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>43409</p> <p>Based on observation and interview the facility failed to ensure a safe, functional, sanitary, and comfortable environment for residents and staff and failed to ensure maintenance services were provided to ensure the interior environment was safe, orderly, and comfortable for residents residing in the facility. This failed practice had the potential to affect all 40 who resided in the facility according to the Census provided by the Administrator on 11/1/22 at 10:07 am. The findings are:</p> <p>a. On 11/1/22 at 10:16 am, (named) room had a base board approximately 3 feet long missing and the wall was exposed. The shared bathroom room between (named) room and (named) room had broken and missing tile approximately 6 inches by 3 inches under the leg of a bedside commode covering the toilet bowl. The sink had a ring around the inside bottom of the bowl approximately 3 by 3 inches. The door leading into the bathroom of (named) room had paint peeling off the frame with a reddish, brown substance covered with paint on the lower 6 inches of the door frame.</p> <p>b. On 11/1/22 at 10:18 am, in (named) room the door frame leading into the bathroom had a reddish, brown substance covered with paint on the lower portion of the frame and the paint was peeling off the frame.</p> <p>c. On 11/1/22 at 10:23 am, in (named) room on the wall where the head of the bed is located, there was a 6 inch by 4-inch area of the wall that had an area where paint was missing, and a hole approximately 1/2 to 1 in [inch] deep but was not broken through the sheet rock.</p> <p>d. On 11/1/22 at 10:24 am, in (named) room there was approximately 3 feet of base board pulled away from the wall. The bathroom shared between (named) room and (named) room had sheet rock peeling away from the wall on the wall to the left of the toilet and the wall behind the toilet. The wall beside the sink had sheet rock peeling away from the wall and exposed the internal portion of the sheet rock. There was what appeared to be erosion on both the hot water and cold-water knobs. The door frame leading into the bathroom from (named) room had approximately 6-10 inches of a reddish, brown substance on the frame. The paint had been peeled off and a portion of the metal frame was missing in the lower 3 inches connected to the floor. There was tile approximately 6 by 6 inches in the bathroom broken or missing.</p> <p>e. On 11/1/22 at 10:28 am, in (named) room, the door frame that led into the resident's restroom had a reddish, brown substance that covered areas with paint peeling off the frame approximately 12 inches in from the floor up the door frame.</p> <p>f. On 11/1/22 at 10:45 am, the Surveyor entered the restroom on the 100 Hall, the first sink in the restroom had approximately 2 inches by 2 inches of corroded areas on the sink faucet.</p> <p>g. On 11/1/22 at 10:54 am, in (named) room, there was approximately 6 inches by 4 inches of broken tile on the right side of the toilet between the toilet and the wall and in the resident room next to the brick wall there were 3 tiles 12 inches in length that were broken.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>h. On 11/1/22 at 10:58 am, in the Dining Room by the window there were 8 tiles 12 inches in length that were broken. There was paint peeling from the wall in the dining room under the dirty dish return area approximately the length of the wall.</p> <p>i. On 11/1/22 at 11:05 am, in (named) room, both door frames that led into the restroom had approximately 2 inches of paint peeling from the frame.</p> <p>j. On 11/1/22 at 11:07 am, in (named) room, the door frame in the restroom had approximately 12 inches of paint peeling and broken tile on the floor adjoining the door frame.</p> <p>k. On 11/1/22 at 11:11 am, in (named) room, the door leading into the bathroom had two holes in the lower 12 inches of the door. There was wood exposed in both holes.</p> <p>l. On 11/1/22 at 11:20 am, in (named) room, the door leading into the bathroom had a hole approximately 2 feet in length and 2 inches in width with the inside of the door exposed.</p> <p>m. On 11/1/22 at 11:27 am, in (named) room, the wall next to the toilet paint was peeling from the concrete wall exposing the concrete. The bathroom door had a hole in it approximately 1 inch by 3 inches.</p> <p>n. On 11/1/22 at 11:29am in (named) room, the bathroom light did not work. There were two switches on each side of the bathroom to turn the light on it did not come on. There were broken tiles on the entrance into the room.</p> <p>o. On 11/1/22 at 11:30 am, in (named) room there was tile missing and broken leading into the resident room and at the bottom of the door frame leading into the room. There was broken tile in front of the bathroom door. There was a base board approximately 3-4 feet in length lying in the floor away from the wall.</p> <p>p. On 11/1/22 at 12:09 pm, Licensed Practical Nurse (LPN) #1 and the Surveyor entered bathroom in named room. The Surveyor pointed to the door frame in the bathroom asked LPN #1, Can you tell me what that is? LPN #1 stated, It looks like rust that has been painted. The Surveyor pointed to the hot and cold-water knobs of the sink and asked LPN #1, Can you tell me what that is? LPN #1 stated, It is erosion. They are old. The Surveyor pointed to the wall beside the sink with sheet rock pulling away from the wall and asked LPN #1, Can you tell me what that looks like to you? LPN #1 stated, It looks like water damage. It needs to come off and new put up. The Surveyor asked LPN #1, Do you think there is potential for an accident with the broken tiles in bathrooms, resident rooms and hallways? LPN #1 stated, Yes, there is. The Surveyor asked LPN #1, Would you say the facility is not a safe and homelike environment? LPN #1 stated, I am not going to answer that.</p> <p>q. On 11/1/22 at 12:18 pm, the Administrator and the Surveyor walked into (named) room. The Surveyor pointed to the 3-foot base board pulled away from the wall and asked the Administrator, Can you tell me what that is? The Administrator stated, It looks like it has come detached from the wall and needs a new one.</p> <p>(continued on next page)</p>		

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