

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OF SUPPLIER CRESTPARK DEWITT, LLC		STREET ADDRESS, CITY, STATE, ZIP 1325 LIBERTY DRIVE DE WITT, AR 72042	
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 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interview and record review the facility to ensure they had a designated infection preventionist. This failed practice had the potential to affect all 40 residents according to the Resident Census and Conditions of Residents provided by the Administrator on 10/27/2020. The findings are: 1. On 10/26/2020 at 11:01 AM the administrator was asked, Who is your Infection Preventionist? She stated, RN #1. 2. On 10/26/2020 at 11:48 A.M., RN #1 was asked, Are you the Infection Preventionist? She stated, I haven't started training. I haven't been officially given the position. I've just been helping and when they hire another DON (Director of Nurse), she'll be the infection control nurse. 3. On 10/26/2020 at 1:11 PM the administrator was asked, Do you have anyone in the building that's completed specialized training in infection control? She stated, No we've been so busy with COVID, I haven't had time to start training since previous DON left.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.