

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER THE GREEN HOUSE COTTAGES OF POPLAR GROVE		STREET ADDRESS, CITY, STATE, ZIP 7801 KANIS RD LITTLE ROCK, AR 72204	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and interview the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable diseases and infections as evidence by not wearing a face mask or not wearing a mask properly to cover the mouth and nose, to prevent the potential spread of infection in 3 (Liem, Hackberry and Melder) of 9 (Dogwood, Hickory, Badami, Cochran, Melder, Hackberry, Liem, Aspen, and O'Brian) Cottages. This failed practice had the potential to affect 12 residents who resided in the Liem Cottage, 10 residents who resided in the Hackberry Cottage and 12 residents who resided in the Melder Cottage, according to the Daily Census provided by the Assistant Human Resource / Business Office Manager (BOM) on 6/16/2020 at 8:49 a.m. The findings are: a. On 6/16/2020 at 9:37 a.m., in the Liem Cottage, Certified Nursing Assistant (CNA) #1 walked from the front door of the cottage, to the sink area that was located in front of the kitchen without wearing a face mask. CNA #1 was asked, Where is your mask? She stated, In my pocket and she retrieved the mask from her right pocket. She was asked, Are you required to wear a face mask at all times? She stated, Yes. She was asked, Have you been in-serviced about wearing a mask at all times? She stated, Yes. b. On 6/16/2020 at 9:54 a.m., in the Hackberry Cottage, CNA #2 was standing in the kitchen, at the sink, with her face mask pulled down and not covering her nose. CNA #2 was asked, Are you supposed to have a face mask covering your nose? She stated, Yes. She was asked, Was your face mask covering your nose? She stated, No. c. On 6/16/2020 at 10:28 a.m., in the Melder Cottage, CNA #3 walked out of a resident's room with her face mask pulled down below her chin and not covering her mouth or nose. d. On 6/16/2020 at 11:27 a.m., the Administrator was asked, Should the staffs' face mask cover the mouth and nose? She stated, Yes ma'am. e. On 6/16/2020 at 12:40 p.m., the Director of Nursing (DON) was asked for a policy and procedure on wearing a face mask. She stated, We follow the Centers for Disease Control and Prevention (CDC) guidelines.		
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.