

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE PINES NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>524 CARPENTER DAM ROAD HOT SPRINGS, AR 71901</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review and interview, the facility failed to ensure appropriate COVID -19 screening procedures were consistently followed, as evidenced by failure to ensure the thermometer was sanitized after each use and failure to ensure hand hygiene was performed by employees when entering the facility to prevent potential cross contamination and the development and transmission of COVID -19. These failed practices had the potential to affect 44 residents as per a Daily Census List dated 06/26/2020 provided by the Administrator at 12:10 p.m. on 06/29/2020. The findings are: a. On 06/26/2020 at 9:00 a.m., surveyors were allowed access to the facility by a staff member who opened the front door of the South Building. There was a screening table by the front door. The staff member who opened the door stated that she would get the Assistant Director of Nursing (ADON) for us; she then left the area without completing the required screening. There was not an employee stationed at the screening table. At 9:07 a.m., the Administrator and ADON were observed approaching the front door of the facility. An employee from inside of the facility approached the screening table and gave us a form to complete. We were in the process of completing the form when the Administrator and ADON entered the facility and assisted with the completion of the form. Our temperature was then taken, and we were asked to sanitize our hands. b. On 06/26/2020 at 2:00 p.m., surveyors entered the front door of the South Building. There were also other employees entering the facility for shift change. Five employees entered the facility and did not sanitize their hands. Each employee took the thermometer and took their own temperature. The thermometer was not cleaned between use. Licensed Practical Nurse (LPN) #1 was standing close to the screening table observing the employees taking their temperatures. When she was asked who should clean the thermometer after each use, she stated, I should. LPN #1 then left the area and returned with gloves and proceeded to clean the thermometer with alcohol wipes. c. On 06/26/2020 at 10:25 a.m., LPN #2 was asked about the screening process for COVID -19 when employees come to work. She stated, We self-screen, there used to be someone at the door to do the screening, but this changed about a week ago. I do watch the Certified Nursing Assistants (CNAs). We use only the front door; we have the code number to enter the facility. We check our own temperature, sign and fill out two forms and sanitize our hands before going to our work area. d. On 06/26/2020 at 10:42 a.m., LPN #3 was asked about the screening process for COVID -19 when employees come to work. She stated, We self-screen when we come to work, we check our own temperature, we complete two questionnaires and then sanitize our hands. e. On 06/26/2020 at 12:19 p.m., the ADON was asked about the employee screening process. She stated, Employee temperatures are checked, screening questionnaires are completed. Employees must wear a face mask and must sanitize their hands. Employees are to sign the daily in-service on face masks, this is kept by the screening tool on the desk by the front door. Employees can then go to work. Visitors are not allowed into the facility. There is not always someone sitting at the desk when you enter the facility to do the screening. There are always nurses in the facility. We used to have someone sitting at the table, this recently changed. We do check the sign in logs against the time sheets. The nurses take their own temperatures and they should oversee the process for other employees. We have been using a temporal thermometer and this should be cleaned after each use with an alcohol pad. We had a call recently and we were told that no-one had to sit anymore at the screening table. The nurses are to oversee the screening station. The nurses are supposed to make sure the temperatures that employees take are accurate. I do not know who screens the Nurses at 6:00 a.m. The door to the facility is locked at night. The staff ring the doorbell for entrance. During the daytime employees know the code to use to enter the facility. f. An In-service Education Report dated 03/09/2020 Documented . For those door monitoring: Be sure to clean the thermometer with alcohol wipes after each use. Check batteries and change as needed. Ensure that there are plenty of screening forms. Clean and straighten station at the end of the day, including using Virex (disinfectant) wipes or Peroxy (cleaner) to sanitize station . g. A Record of In-Service dated 05/11/2020 documented . Please read! Your signature indicates understanding . Beginning 05/18/2020 you will be responsible for taking your own temps &amp; screening. Be sure that you are [MEDICATION NAME] hand hygiene upon arrival to work. Sanitizing thermometer &amp; pen/pencil between each use. Make copies of forms when needed &amp; take filled pages to Director of Nursing (DON) / (and or) ADON office. h. An In-service Education report dated 05/15/2020 documented . Checking your temperature and screening is required when entering the building whether there is anyone at the table. Nurses, nurse admin (administration) and HR (Human Resources) will be monitoring the process for compliance .</p>		
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.