

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER ATKINS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 605 NORTHWEST 7TH STREET ATKINS, AR 72823	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, 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 by wearing a face mask to cover the nose; Failed to ensure proper personal protective equipment (PPE) were worn on halls with suspected and known residents with COVID-19; Failed to ensure nebulizer masks and inhalers were stored or contained when not in use; Failed to ensure gloves were disposed of properly and not in the floor, and Failed to ensure feeding tube formula bottles, flush bags, and feeding tube tubing were disposed of properly to prevent the potential spread of infection in 1 of 1 facility. These failed practices had the potential to affect 61 residents according to the Census and Condition list provided on 10/15/2020. The findings are: ADH (Arkansas Department of Health) Guidance for Reducing Spread of COVID-19 in Long-Term Care Facilities, dated 8/4/20 documented. The Arkansas Department of Health recommends the following actions when a health care worker or resident at a long-term care facility tests positive (regardless of symptoms) for COVID-19. Staff should wear personal protective equipment (PPE) as recommended by the Centers for Disease Control and Prevention for COVID-19, which would include a mask (surgical or N95), eye protection (face shield or goggles), gown, and gloves. 1. On 10/15/2020 at 8:45 am, an empty feeding tube formula bottle, a flush bag, and feeding tube tubing were in the trash can in room [ROOM NUMBER]. A feeding tube flush bag was in the sink in room [ROOM NUMBER]. 2. On 10/15/2020 at 8:49 am, Housekeeping (HK) #1 and Maintenance #1 were on the Quarantine Hall for suspected COVID-19 with no gloves, goggles or face shield, and no isolation gown and only wore a surgical mask. A staff member was observed through the plastic barrier, on the COVID-19 Unit with no gloves, no isolation gown, no goggles or face shield. (Photos were taken) 3. On 10/15/2020 at 8:50 am HK #1 and Maintenance #1 exit the Quarantine Hall. HK#1 was asked, what was behind the fire doors. HK#1 replied, The quarantine hall is the first rooms prior to the plastic barrier and the COVID-19 unit is on the other side of the plastic. HK#1 was asked, do you have any positive COVID cases. HK#1 replied, Yes, we have one. HK#1 was asked, the area you were in was the quarantine area. HK#1 replied, Yes, these are the isolation room. HK#1 was asked, how many residents are on the quarantine hall. HK#1 replied, I think 4. HK#1 was asked, what PPE are you supposed to have on when on the quarantined and COVID unit. HK#1 replied, Gown, face shield, gloves, and a KN95 mask. HK #1 was asked, would not wearing full PPE on the COVID unit and Quarantine hall be considered an infection control issue. HK#1 replied, Yes. 4. On 10/15/2020 at 8:56 am, a nebulizer mask and tubing were on the nightstand in room [ROOM NUMBER] and not stored/contained. (Photo taken). 5. On 10/15/2020 at 9:01 am, a nebulizer mask and tubing were on the bed in room [ROOM NUMBER] and not stored/contained. An inhaler was also lying on the bed and not stored/contained. (Photo taken). 6. On 10/15/2020 at 10:31 am, Licensed Practical Nurse (LPN) #1 was walking down the facility hall with a face mask under her nose. 7. On 10/15/2020 at 10:50 am, LPN #1 was standing at the nurse's station with a face mask under her nose. LPN#1 was asked, Should face mask be covering the mouth and nose? LPN #1 replied, Yes. LPN #1 was asked, Would not covering your nose with the face mask be an infection control issue? LPN #1 replied, Yes. 8. On 10/15/2020 at 12:13 pm, a used glove was in the floor in the day area. (Photo was taken) 9. On 10/16/2020 at 10:33 am, Certified Nursing Assistant (CNA) #1 was asked, Should staff wear masks in the facility covering their mouth and nose? CNA #1 replied, Yes. CNA #1 was asked, Would not wearing a face mask in the facility covering the mouth and nose be an infection control issue? CNA #1 replied, Yes. CNA #1 was asked, What PPE are you supposed to wear on the Quarantine and COVID unit? CNA #1 replied, Gown, gloves, a mask, and face shield. CNA #1 was asked, Would not wearing the proper PPE on the Quarantine and COVID Unit be an infection control issue? CNA #1 replied, Yes. CNA #1 was asked, Should used gloves be in the floor? CNA #1 replied, No. 10. On 10/16/2020 at 10:38 am, LPN #2 was asked, What PPE are to be worn on the Quarantine and COVID Units. LPN #2 replied, Gown gloves, KN95 or N95 mask, a face shield and shoe coverings. LPN #2 was asked, would not wearing the proper PPE on the Quarantine and COVID Unit be an infection control issue? LPN #2 replied, Yes. LPN #2 was asked, How should nebulizer masks be stored when not in use? LPN #2 replied, In a bag with the date and initials. LPN #2 was asked, Would nebulizer masks not stored or contained be an infection control issue? LPN #2 replied, Yes. LPN #2 was asked, How should empty tube feeding bottles, tube feeding flush bags and tube feeding tubing be disposed of? LPN #2 replied, I put them in the hazardous waste. LPN #2 was asked, Should they be left in the resident's trash and sink in their room? LPN #2 replied, No. LPN #2 was asked, Would that be considered an infection control issue? LPN #2 replied, Yes. LPN #2 was asked, Should residents' inhalers be left out on the bed on the locked unit? LPN #2 replied, No. 11. On 10/16/2020 at 10:54 am, the Director of Nursing (DON) was asked, Should staff wear masks in the facility covering their mouth and nose? The DON replied, 'Yes. The DON was asked, The DON was asked, What PPE are to be worn on the Quarantine and COVID Unit? The DON replied, In rooms, we wear full PPE. The DON was asked, Should used gloves be on the floor? The DON replied, No. The DON was asked, How should nebulizer masks be stored when not in use? The DON replied, In a bag. The DON was asked, How should empty tube feeding bottles, tube feeding flush bags and tube feeding tubing be disposed of? The DON replied, Put in the trash and taken out. The DON was asked, Should they be left in the resident's trash and sink in their room? The DON replied, No. The DON was asked, Should residents' inhalers be left out on the bed on the locked unit? The DON replied, No. The DON was then asked if all the above issues would be considered an infection control concern. The DON responded, Yes.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.