

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALCOA PINES HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3300 ALCOA ROAD BENTON, AR 72015</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>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint (AR 729) was substantiated, all or in part with these findings. Based on observations, record review and interview, the facility failed to implement proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. These failed practices had the potential to affect the 86 residents who resided in the facility, according to the daily census provided by the Administrator on 6/3/2020. The findings are: On 6/3/2020 at 11:04 a.m., surveyors entered and were screened per guidelines, at 11:07 a.m., Certified Nursing Assistant (CNA) #1 approached the screening station and her mask was below her nose. She was asked how's your mask supposed to be applied? She stated, My nose should be covered. At 11:21 a.m., CNA #2 walked out of the bathroom of room [ROOM NUMBER] with no mask visible. She was asked, Where is your mask? She stated, I just finished my lunch and left it in the breakroom, someone is bringing it to me. Are you supposed to be in resident's rooms without a mask on? She stated, No ma'am. At 11:45 a.m., Dietary Aide #1 and CNA #3 were conversing next to the nurse's station, both had their masks below their noses. The Dietary Aide was asked, Where's the mask supposed to be placed? CNA #3 stated, Our noses are supposed to be covered, but they won't stay up. On 6/4/2020 at 10:41 a.m., COVID-19 Policy and Procedure dated April 2020 provided via email by the Administrator documented, While in the building personnel are required to strictly adhere to established infection prevention and control policies including: Respiratory hygiene, appropriate use of PPE (Personal Protective Equipment). Staff should wear a facemask at all times when in the facility.		

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.