

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045401</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WHITE RIVER HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1569 AR HIGHWAY 56 CALICO ROCK, AR 72519</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 - Many</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 staff washed or sanitized their hands before and after providing services to 1 (Resident #4) of 1 resident; failed to ensure personal protective equipment (PPE) was available and appropriately utilized for 1 (Resident #2) of 1 case mix resident in contact isolation and for 2 (Residents #1 and #3) of 2 residents in quarantine with droplet precautions; failed to ensure staff was re-screened upon returning to the facility, and failed to ensure staff washed their hands after raising a waste receptacle, before handling resident equipment and before provision of care to prevent the potential transmission of infection during a COVID-19 Pandemic. These failed practices had the potential to affect 59 residents who resided in the facility according to the roster matrix provided by the Director of Nursing (DON) on 5/5/2020. The findings are: 1. Resident #4 had [DIAGNOSES REDACTED]. a. On 5/5/2020 at 11:12 AM, Certified Nursing Assistant (CNA) #7 walked into the resident's room and asked the resident if she needed anything. The resident replied, Some more drink. CNA #7, without washing her hands, picked up a cup that was sitting on the table, turned and exited the room and then returned with the cup. CNA #7 was asked, Did you wash your hands when you entered this residents' room? CNA #7 stated, No, I didn't. I didn't when I came out either. She was asked, Is there a potential to spread any type of infection from resident to resident if staff don't sanitize their hands? CNA #7 stated, Yes, it could make them sick. b. On 5/5/2020 at 1:30 PM, a document titled, (Facility) CORONAVIRUS PREVENTION POLICY AND PROCEDURE 3/10/2020 documented, .Ensure that employees clean their hands before and after contact with residents . 2. On 5/5/2020 at 11:23 AM, Dietary Employee #2 was observed on the 400 hall with a cart going into a room with a sign next to the door central supply. No mask was worn or visible. Dietary Employee #2 was asked if they were supposed to be wearing a mask. Dietary employee #2 stated, Not in the kitchen, this is as far as I go. What are you getting ready to do? Dietary Employee #2 stated, I'm getting ice for lunch. Do the residents eat in the dining room? DE #2 stated, Only a few, everyone else eats in their rooms. 3. Resident #2 had [DIAGNOSES REDACTED]. a. physician's orders [REDACTED]. b. A Care Plan with a review date of 4/5/2020 documented. The resident has potential for impairment to skin integrity of the upper and lower extremities r/t (related to) fragile skin and [MEDICAL CONDITIONS]. c. On 5/5/2020 at 12:44 PM, there was a sign hanging on the resident's door that read, Contact Precautions . everyone MUST: Wash hands when entering room AND leaving room . Gown and glove at the door BEFORE entering room . Staff must use patient dedicated equipment . d. On 5/5/2020 at 12:54 PM, CNA #7 entered the resident's room with gloves on and no other PPE. Resident was sitting up in a wheelchair eating lunch at her overbed table. CNA #7 closed the door and could be heard talking with the resident. The water was heard running briefly and the CNA exited the room. CNA #7 was asked about the resident in contact isolation, were gloves the only PPE required when caring for this resident. CNA #7 stated, No, I should've had a gown also, but there weren't any available. She was asked, Does the facility not have any gowns? CNA #7 stated, I don't know, there weren't any at the door. Have you checked to see if there were any available? CNA #7 stated, No, I'll go get some right now. She turned and walked toward the nurses' station. e. On 5/7/2020 at 8:54 AM, a Contact Precautions .Infection Control Policy and Procedure Manual with a revised date of October 2018 documented, .Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room . f. On 5/7/2020 at 11:20 AM, the DON was asked if the staff had been educated to wash or sanitize their hands upon entry and exit to residents' rooms? She stated, Yes, they were all in-serviced. How does the facility monitor that staff are following the policies and procedures of the facility? She stated, I don't know, I think IPCP (infection prevention control program) RN (registered nurse) is taking care of that. Do you expect your staff to follow the policies and procedures of the facility? She stated, Of course I do, yes ma'am. 4. Resident #1 had [DIAGNOSES REDACTED]. The May 2020 physician's orders [REDACTED]. The most recent admitted was 4/23/2020. 5. Resident #3 had [DIAGNOSES REDACTED]. a. The May 2020 physician's orders [REDACTED]. The most recent admitted was 4/24/2020. b. On 5/5/2020 at 11:43 AM, Residents' #1 and #3 roomed together due to recent discharge from the hospital and CDC 14-day quarantine mandates. The door to their room had no isolation signage or PPE available on the door or outside of the door for staff to utilized when entering the room. A photo was taken at this time. c. On 5/5/2020 at 11:59 AM, IPCP RN was asked about the quarantine residents. How are they treated differently than the other residents? She stated, We get with our Medical Director and go by his recommendations, they are put in a private room, they don't come out for meals or therapy, only on an as-needed basis. Our Medical Director has told us we only need to wear masks, that we don't need any other PPE. No separate laundry, trash or separate staff .The two residents that we have in quarantine right now were tested at the hospital and were negative (COVID) before we received them back to the facility. They are in Quarantine for 14 days as a precaution. We treat them no differently from other residents; we just wear a mask . How do you monitor the PPE for the staff? She stated, Nothing as far as shiftily monitoring on PPE, or handwashing . How do you know they are following the policy and procedures of the facility? She stated, We really don't, I guess. d. On 5/5/2020 at 1:19 PM, CNA #8 walked up to the trash and linen receptacle sitting on the 400 hall and with bare hands, lifted the lid and dropped something inside the container. Without washing hands, CNA #8 continued to the supply cart on the hall, raised the covering with the same hand used to open the trash receptacle, reached in and retrieved a gait belt. CNA #8 turned and started back toward room [ROOM NUMBER]. CNA #8 was stopped after she knocked on the resident door and asked, When you touched the trash lid with your bare hand did your hand then become dirty? CNA #8 stated, Yes, I guess. Are you supposed to lift the lid with your hands? CNA #8 stated, No, we're supposed to use the foot pedal. If your hands are dirty or contaminated, is there a risk of passing infection to your residents? CNA #8 stated, I guess. CNA #8 turned and went to the toilet area and washed her hands. e. On 5/5/2020 at 2:53 PM, A black vehicle drove in at the driveway, partially down the drive toward the back of the building. A female with hair up on her head and a reddish maroon t-shirt got out of the passenger side of the vehicle and walked very quickly to the back of the building. By the time this surveyor got to the area, no staff could be seen. The only entry door available was at laundry, there were three laundry workers just inside the door, none were the female seen exiting the black vehicle. f. On 5/5/2020 at 2:59 PM, this surveyor entered the facility and went to the kitchen to see if someone working fit the description. Dietary Employee #3 fit the description of the person observed exiting the black vehicle. She was asked about entering the building through a back entry. She stated, I was gone to lunch, I was sitting in my car. Did you not just get out of a black vehicle? She stated, Yes . She was asked, If you leave the building are you supposed to be rescreened? She stated, I guess, I'm busy, I gotta get back to work . then turned and walked off. g. On 5/5/2020 at 3:43 PM, the Administrator was asked if staff are to be rescreened when they leave the building during this COVID-19 Pandemic? The Administrator stated, Yes, (Dietary Employee #3) should have come back through the front door and been rescreened, they know better . h. On 5/6/2020 at 1:33 PM, the Dietary Manager was asked what the procedure was regarding dietary staff wearing a mask. She stated, They are to wear a mask anytime they are out of the kitchen and when they are serving out of the windows. Do any residents eat in the dining room? She stated, A few, but they eat at separate tables, the nursing staff keep them separated. How many ways out of the kitchen are there? She stated, There are 3 doors, two from the kitchen out to the dining area and one that goes out to the hallway by the break room. How would your staff</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045401</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WHITE RIVER HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1569 AR HIGHWAY 56 CALICO ROCK, AR 72519</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)		
<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>come out if they were going to get ice? She stated, They would go through the dining room. (Dietary Employee #2) told me she went out through the dining room and didn't wear a mask, she said she forgot . If one of your staff leaves for lunch what is expected when they return to the facility? She stated, Well, we discourage anyone leaving the facility once they come in, but if someone leaves for break, they are supposed to come back in through the front and be rescreened. She was told, One of your staff was observed being dropped off and this employee didn't go through the front door, they went to the back door, is that facility procedure during COVID-19 Pandemic? She stated, (Dietary Employee #3 should have gone back through the front door and rescreened. The only isolation that gets disposables is [MEDICAL CONDITIONS] and COVID-19 positive residents . If a resident is in isolation and gets regular dishes, how are they handled when they are brought back to the kitchen? She stated, The aides bring them to the kitchen, my dishwasher wears gloves and the dishwasher washes with heat and rinses with bleach What about residents in Quarantine? She stated, They are treated the same way. They get regular dishes, the aides bring them to the kitchen, and they are washed with heat, then rinsed with bleach. Do you expect your staff to follow the policies and procedures of the facility? She stated, Yes, of course. i. On 5/7/2020 at 10:39 PM, the IPCP RN was asked what type isolation precautions are used for the residents in Quarantine? She stated, We use droplet precautions. How is the staff notified about the type of isolation for the quarantine residents? She stated, We tell them. If a resident is in isolation, shouldn't there be a sign on the door, something to signify the type of isolation? She stated, I guess, usually we do. She was asked, How is PPE supplied to isolation rooms? She stated, We get with our Medical Director and go by his recommendations, they are put in a private room, they don't come out for meals or therapy, only on an as-needed basis. Our Medical Director has told us we only need to wear masks, that we don't need any other PPE. No separate laundry, trash or separate staff . How do you know that the residents didn't get exposed to COVID-19 after they had been tested ? Isn't it possible that after they had been tested for Coronavirus that they could have been exposed to someone and become positive for [MEDICAL CONDITION]? Isn't that why they are in Quarantine for 14 days, to ensure they don't develop symptoms? She stated, Yes, I guess, I hadn't thought about that. She was asked, Doesn't it take 2-3 days for the test results to come back? She stated, I think 48 hours. Then it's possible that the two residents you have in quarantine could be COVID-19 positive, and the proper precautions haven't been taken? She stated, I'm sorry, I hadn't thought of it like that.</p>		