

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045383</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALDRON NURSING CENTER INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1369 WEST 6TH STREET WALDRON, AR 72958</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 - Few</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 followed the Centers for Disease Control and Prevention (CDC) guidance to reduce the spread of COVID-19, including the consistent, appropriate use of Personal Protective Equipment (PPE) for 1 (Resident #1) of 1 sampled resident who was positive for COVID-19 to prevent the potential spread of infection to other residents. This failed practice had the potential to affect all 60 residents who reside in the facility as documented on a list provided by the Administrator on 6/16/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Admission 5-day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/10/2020 documented the resident scored 10 (8- 12 indicates moderately impaired) on a Brief Interview of Mental Status (BIMS); and required extensive assist of two persons for mobility and was currently on comfort care. a. A physician's orders [REDACTED]. b. The Plan of Care dated of 6/4/2020 documented, resident on contact isolation times 14 days for COVID-19 precautions. c. A laboratory report dated 6/14/2020 documented, , COVID-19 detected d. On 6/16/2020 at 9:32 a.m., the resident was lying in her bed on her right-side facing Nurse #1 who was sitting in a recliner at the head of the resident's bed. The nurse was observed in the isolation room and was sitting in a recliner with a yellow isolation gown on and a surgical mask. The nurse was approximately 2 feet from the resident. e. The Director of Nursing (DON) who was with this surveyor was asked, Should the nurse have on an N95 mask while in the room? She stated, You will have to ask Registered Nurse #1, she does infection control. f. On 6/16/2020 at 9:35 a.m., Registered Nurse #1 was asked, Should the nurse in the positive COVID-19 patients room have on N95 mask? She stated, No. The resident she doesn't have on oxygen or taking breathing treatments. She doesn't have respiratory symptoms and she doesn't cough. She was asked, When she is breathing or talking is there a possibility of spray? She stated, As long as she doesn't have respiratory symptoms, we have listened to all the seminars that (Doctor (Dr.) #1 and #2) have put on and they say we don't need them unless they have respiratory symptoms. She was asked, Do you have N95 mask? She stated, Yes. We have a count of 678. g. The Guidance from the Arkansas Department of Health documented. Immediately place a resident on contact and droplet precautions. Staff should wear N95 masks when providing direct care to positive residents during procedures that may generate aerosols. h. On 6/16/2020 at 2:46 p.m., a call was placed to facility and this surveyor spoke with Registered Nurse #1. She was asked, How often does the nurse in the isolation room of the COVID-19 positive resident change her surgical mask? She stated, When it gets visibly soiled or if she comes out of the room. i. A Centers for Disease Control memo dated May 18, 2020 documented, .(section 2 Adhere to Standard and Transmission-Based Precautions) Health Care Professionals who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator, gown, gloves, and eye protection. When available, respirators (instead of facemask) are preferred.</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.