

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER JAMESTOWN NURSING AND REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP 2001 HAMPTON PLACE ROGERS, AR 72758	
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 - Few	<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 signage designating contact isolation was placed in a prominent area for 1 (Resident #1) of 1 case mix resident who was on contact isolation. This failed practice had the potential to affect 25 residents who resided in the facility on the 400 hall, according to a list provided by the Administrator on 6/4/2020 at 4:14 PM. The findings are: Resident #1 had a [DIAGNOSES REDACTED]. An Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/06/2020 documented a Brief Interview for Mental Status (BIMS) of 11 (08-12 indicates moderately impaired). physician's orders [REDACTED]. Contact Isolation r/t (related to) ESBL in urine (contained in foley) Phone Active 05/31/2020. . [MEDICATION NAME] Capsule 100 MG (milligrams) . Give 1 capsule by mouth two times a day related to Urinary tract infection . a. On 6/3/2020 at 11:21 AM, Certified Nursing Assistant (CNA) #4 was asked, How do you know that a resident is in isolation? She stated, There is a sign on the door, with the isolation supplies on the door. She was asked, Is Resident #1 on the 400 hall in isolation? She stated, I don't know, there's not a sign. b. On 6/3/2020 at 11:27 AM, Resident #1 who had been identified by Registered Nurse (RN) #1 as being in isolation for ESBL in his urine was observed without signage on his door, no Personal Protective Equipment (PPE), separate trash and or laundry receptacles visible. A photo was taken at this time. c. On 6/3/2020 at 11:28 AM, RN #1 was asked, How do you know the resident is in isolation? RN #1 stated, He should have a sign on the door, and PPE. She was asked, Is that how the staff is notified of a resident being in isolation? She stated, Yes, it tells them what type of isolation. She was asked, If the staff doesn't know what type isolation a resident is in, how do they know what type of PPE to use? She stated, I didn't know there wasn't a sign on his door. She was asked, How would staff know what type of PPE to wear? She stated, They wouldn't. d. On 6/3/2020 at 11:37 AM, the Director of Nursing (DON) was asked, How are residents in isolation identified? She stated, They have a sign on the door identifying the type of isolation they are in and the type of PPE they should use. She was asked, If there isn't a sign on the door how do staff know what type of PPE to use? She stated, Their nurse should let them know. She was asked, And if the nurse doesn't let them know? She stated, Then they wouldn't know. She was asked, If staff provided care for a resident in isolation without the appropriate PPE, what could be a potential outcome? She stated, Well they could spread infection. e. A COVID-19 RECOMMENDATIONS . policy received from the DON on 6/3/2020 at 2:25 PM documented, .Transmission-based precautions are special precautions which should be used for persons who are infected with a disease that requires Additional precautions beyond the standard precautions . .Contact precaution ., infection control practices designed to protect against touching infected persons or contaminated environments .</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.