

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER NASHVILLE NURSING AND REHAB, INC		STREET ADDRESS, CITY, STATE, ZIP 810 NORTH 8TH ST NASHVILLE, AR 71852	
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, record review, and interview, the facility failed to ensure infection control measures were consistently implemented and universal precautions were followed during medication administration, to minimize the potential for the spread of disease / COVID-19 and infection for 3 (Residents #1, #2, and #3) of 7 (Residents #1, #2, #3, #4, #5, #6, and #7) case mix residents who had medications administered during the noon hour. This failed practice had the potential to affect 15 residents who received medication administration during the noon hour on the 100 Hall and 200 Hall, as documented on a list provided by the Administrator on 8/26/2020. The facility failed to ensure multi-resident use blood glucose monitors were cleaned and disinfected after each resident use according to manufacturer's instructions to decrease the potential for cross-contamination and the spread of infection for 1 (Resident #3) of 1 case mix resident who had physician's orders [REDACTED]. This failed practice had the potential to affect 3 residents who had physician's orders [REDACTED]. The facility failed to ensure staff removed Personal Protective Equipment (PPE) before exiting the room of a resident who was on Droplet Precautions to prevent the potential spread of COVID-19 / infection for 2 (Residents #5 and #7) of 2 case mix residents who were on Droplet Precautions, and failed to remove PPE that had been worn in a resident's room who was on Droplet Precautions before entering another resident's room who was not on Droplet Precautions to prevent the potential spread of COVID-19 / infection for 1 (Resident #6) of 5 (Residents #1, #2, #3, #5, and #6) case mix residents who were not on Droplet Precautions. This failed practice had the potential to affect 24 residents who resided on the 100 Hall and 200 Hall, and Rooms 301 through 303 on the 300 Hall which were not designated for Covid, according to the Resident Census List provided by the Administrator on 8/24/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/28/2020 documented the resident scored 3 (0-7 indicates severely impaired) on a Brief Interview for Mental Status (BIMS). a. On 8/24/2020 at 11:55 a.m., Licensed Practical Nurse (LPN) #1 was at the Medication Cart outside of the resident's room. She had gloves on, picked up a plastic medication cup containing medications, a plastic cup with water, and entered the resident's room. A glucose monitor was on top of the Medication Cart, on the right side. LPN #1 administered the medications and returned to the Medication Cart at 11:58 a.m., where she removed her gloves. LPN #1 did not sanitize her hands prior to donning another pair of gloves. 2. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 7/8/2200 documented the resident scored 15 (13-15 indicates cognitively intact) on a BIMS. a. On 8/24/20 at 11:58 a.m., LPN #1 returned to the Medication Cart and removed her gloves. Without sanitizing her hands, she donned gloves and opened a Medication Cart drawer. She removed medication which she dispensed into a plastic medication cup and closed the drawer. At 12:00 noon, she entered the resident's room, and went to the resident's bedside. At 12:02 p.m., LPN #1 exited the resident's room, removed her gloves, and donned another pair of gloves without sanitizing her hands. 3. Resident #3 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 6/16/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a BIMS. a. On 8/24/2020 at 12:05 p.m., without sanitizing her hands, LPN #1 changed her gloves. LPN #1 pushed the Medication Cart with her gloved hands to outside the resident's room and placed medication in a plastic medication cup that was next to the glucose meter. She removed a glucose meter from a Medication Cart drawer and entered the resident's room. At 12:07 p.m., LPN #1 returned from the resident's room to the Medication Cart and placed the glucose meter on top of the Medication Cart next to the other glucose meter. At 12:08 p.m., without changing gloves, LPN #1 removed a vial of insulin and a syringe from the Medication Cart drawer, drew up insulin in the syringe, and replaced the insulin vial back into a Medication Cart drawer. At 12:09 p.m., without changing gloves, LPN #1 took an alcohol swab with the insulin syringe into the resident's room and administered the insulin injection without sanitizing her hands. At 12:11 p.m., LPN #1 left the resident's room, returned to the Medication Cart, removed her gloves, and without sanitizing her hands, donned another pair of gloves. LPN #1 typed on the laptop computer on the Medication Cart. At 12:14 p.m., LPN #1 took a small alcohol pad packet, opened the packet, and wiped each of the glucose meters. At 12:15 p.m., LPN #1 placed the glucose meters in a Medication Cart drawer and changed gloves without sanitizing her hands. LPN #1 was asked, What was used to cleanse the glucose meters? LPN #1 stated, An alcohol pad. 4. Resident #5 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 7/30/2020 documented the resident scored 14 (13-15 indicates cognitively intact) on a BIMS. a. A Physicians Order dated 8/13/2020 documented, .Droplet precautions . b. The Care Plan dated 8/13/2020 documented, .Droplet Precautions . Awaiting COVID results . Interventions . Droplet Precautions . c. On 8/24/2020 at 11:16 a.m., a sign posted on the door to the resident's room documented, .Droplet Precautions . d. On 8/24/2020 at 12:16 p.m., Certified Nursing Assistant (CNA) #2 wore a gown over her scrub suit, had a hair covering on, shoe covers on, goggles on, gloves on, and an N95 mask on. CNA #2 picked up a disposable Styrofoam tray containing a disposable Styrofoam container and cups from the meal cart and entered the resident's room. The door to the resident's room was wide open and the CNA picked up the disposable Styrofoam tray with Styrofoam container and cups from the bedside table, placed the tray that was just taken from the cart onto the table, and walked to a box labeled Biohazard that contained a red plastic trash bag. The front of the CNA's gown was against the red bag while the CNA threw the disposable tray and containers into the red bag. CNA #2 came to the doorway inside the isolation room and called out for CNA #1 across the hallway to assist in the room. At 12:18 p.m., CNA #1 entered the resident's room and closed the room door. At 12:20 p.m., the door opened and CNA #1 threw gloves into the red trash bag in the box in the room, sanitized her hands from the dispenser just inside the isolation room, and exited the room without having removed the gown, hair covering, shoe coverings or the reusable eye goggles, and N95 facemask. CNA #1 walked out of the room and down the hallway and off of the hall. At 12:21 p.m. CNA #2 removed her gloves, threw them into the red plastic bag, stopped at the sanitizer dispenser inside the room, sanitized her hands, and exited the resident's isolation room wearing the personal protective equipment (PPE) of gown, eye goggles, hair covering, N95 facemask, and shoe covers. CNA #2 put on gloves, went to the meal tray cart in the hallway, picked up a noon meal tray, and proceeded to Resident #6's room. 5. Resident #6 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 5/26/2020 documented the resident scored 10 (8-12 indicates moderately impaired) on a BIMS. a. A Physician order [REDACTED].Droplet Precautions . b. A physician's orders [REDACTED].Admit to skilled bed related to COVID exposure . c. The Care Plan dated 8/24/2020 documented, .The resident has been exposed / has had probable exposure to COVID-19 due to roommate . Use Contact and Droplet Precautions . d. On 8/24/2020 at 11:55 a.m., CNA #1 was asked, How are you aware of protocols for transmission-based precautions / isolation? She stated, There are signs on the doors that give instructions. CNA #1 was asked, When you come out of an isolation room, do you change all of your PPE? She stated, No. I change my gloves and wash my hands, but I don't change my gown. I know I should. e. On</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>8/24/2020 at 12:59 p.m., a sign posted on the door to the resident's room documented, .Droplet Precautions . Contact31 and Precautions . The door to the resident's room was wide open and CNAs #1 and #3 were inside the resident's room, standing within approximately 2 feet from the resident. Both CNAs were wearing PPE of a gown, N95 mask, hair covering, shoe coverings, gloves, and eye goggles. At 1:00 p.m., CNA #3 exited the resident's isolation room having only removed her gloves and sanitizing her hands. She had not removed her gown, hair covering, shoe covers, and reusable eye goggles. CNA #3 walked down the hall wearing the PPE while CNA #1 remained in the resident's room and removed her gloves. At 1:01 p.m., CNA #1 had removed the gloves and sanitized her hands before exiting the resident's isolation room. She did not remove her white gown, eye goggles, hair cover, shoe covers, and N95 mask. At 1:02 p.m. CNA #1 was asked if the resident was on quarantine. CNA #1 stated, Yes. I had my gloves on and took them off, but then she called me back. CNA #1 was asked, Why was the PPE gear not removed before exiting the isolation room? CNA #1 stated, We've been keeping the same one on. I suppose some take the gown and gloves off. CNA #1 was asked, Should any other PPE should be removed before leaving an isolation or quarantine room? CNA #1 stated, I would take shoe covers off. CNA #1 was asked, Have you been trained on what to do for precautions in a quarantine or isolation rooms? CNA #1 stated, Yes. 7. On 8/24/2020 at 2:10 p.m., Licensed Practical Nurse (LPN) #1 was asked, What should the glucose meters be cleansed or sanitized with? LPN #1 stated, I've always used the alcohol swabs. I'm not sure if they use the bleach wipes. I know they have them. I'm just not sure. LPN #1 was asked, Should hands be sanitized between glove changes? LPN #1 stated, Yes. LPN #1 was asked, Did you sanitize your hands between glove changes during the noon time Medication Administration? LPN #1 stated, No. I changed gloves but I didn't sanitize. 8. On 8/24/2020 at 2:12 p.m., the DON was asked, What precautions should staff take when a resident is on Droplet Isolation / Precautions? She stated, They wear everything. The mask, gown, gloves, everything. When they leave the residents room, they should take everything off except the mask. a. On 8/24/2020 at 3:35 p.m., the Director of Nursing (DON) was asked if hands should be washed or sanitized between glove changes. The DON stated, Yes. The DON was asked if gloves should replace hand hygiene. The DON stated, No. The DON was asked, What should be used to properly sanitize or disinfect the glucose meter? The DON stated, The wipes. We try to use sani-wipes. They are supposed to use sani-wipes. b. On 8/25/2020 at 1:22 p.m., the DON was asked if (Resident #6) was on quarantine or isolation. The DON stated, No. c. On 8/25/2020 at 2:44 p.m., CNA #3 was asked if (Resident #7) was on quarantine or isolation. CNA #3 stated, She is. CNA #3 was asked, What should be done with the PPE before exiting an isolation room? CNA #3 stated, Your hair net, face mask, gown, eye shield, booties / shoe cover, full PPE are off. CNA #3 was asked if the PPE was to be removed before leaving a quarantine or isolation room. CNA #3 stated, Yes. CNA #3 was asked if on the previous day, 8/24/2020, if the PPE had been removed before leaving the resident's isolation room. CNA #3 stated, No, I didn't. CNA #3 was asked if she had been trained on PPE and the proper use of PPE. CNA #3 stated, Yes. 9. On 8/25/2020 at 2:56 p.m., LPN #1 was asked, On 8/24/2020, during the noon hour, was a fingerstick blood glucose performed on (Resident #3)? LPN #1 stated, Yes. LPN #1 was asked, Did (Resident #3) require sliding scale insulin? LPN #1 stated, Yes. LPN #1 was asked, When should the glucose monitoring meter be cleansed and disinfected? LPN #1 stated, It should be cleaned / disinfected before you go in the resident's room and after you come out with it. LPN #1 was asked, What disinfectant should be used to cleanse the glucose meter? LPN #1 stated, A sani-cloth. LPN #1 was asked, Why should the sani-wipes or bleach-based wipes be used? LPN #1 stated, It's more potent. It kills more. LPN #1 was asked, How many glucose meters were on top of the medication cart during the noon Medication Administration on 8/24/2020? LPN #1 stated, I had 2 glucose meters. LPN #1 was asked, Who, other than (Resident #3) had a glucose check during the noon hour? LPN #1 stated, (Resident #3). It had not been used by me. It had been there since I came on duty. LPN #1 was asked, Is the glucose meter supposed to be cleansed / disinfected promptly after use and stored? LPN #1 stated, Yes. 10. On 8/26/20 at 4:10 p.m., Registered Nurse (RN) #1 was asked, Are staff supposed to remove all of their PPE before exiting from an isolation or quarantine room? RN #1 stated, Yes, they would remove everything but the facemask. 11. A facility policy titled Coronavirus Disease (COVID-19)-Infection Prevention and Control Measures provided by the Administrator on 8/24/2020 documented, .This facility follows recommended standard and transmission-based precautions . to prevent the transmission of COVID-19 within the facility . 2. While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including . a. Hand hygiene . c. Appropriate use of PPE . d. Transmission-based precautions, where indicated . 11. For a resident with an undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions (i.e. (such as) .facemask, gloves, isolation gown) with eye protection are implemented unless the suspected [DIAGNOSES REDACTED]. (e.g. (such as) . [MEDICAL CONDITION]) . a. For a resident on Contact Precautions . Staff don gloves and isolation gown before contact with the resident and / or his / her environment . b. For a resident on Droplet Precautions . Staff don a facemask within six feet of a resident . and c. For a resident on Airborne Precautions . Staff don an N95 or higher level respirator prior to room entry of a resident . 17. Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide) . 12. The facility policy titled Personal Protective Equipment - Using Gloves provided by the Administrator on 8/24/2020 documented, .Purpose To guide use of gloves . 5. Wash hands after removing gloves . (Note . Gloves do not replace handwashing) . 13. The facility policy titled Handwashing / Hand Hygiene provided by the Administrator on 8/24/2020 documented, .This facility considers hand hygiene the primary means to prevent the spread of infections . Policy Interpretation and Implementation . 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents . 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations . a. Before and after coming on duty . b. Before and after direct contact with residents . c. Before preparing or handling medications . After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident . m. After removing gloves . 9. The use of gloves does not replace handwashing / hand hygiene . Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. . 14. The facility policy titled Obtaining a Fingerstick Glucose Level provided by the Administrator on 8/24/2020 documented, .Infection Control Protocol and Safety . 4. Following the manufacturer's instructions, clean and disinfect reusable equipment, parts, and / or devices (e.g., glucose monitoring system, Penlet, etc. (et cetera)) after each use . 5. Clean and disinfect reusable equipment before storing with other clean equipment . 15. The manufacturer's instructions for the glucose meter provided by the Director of Nursing (DON) on 8/24/2020 documented, .Caring for Your System . To minimize the risk of transmission of blood-borne pathogens, the cleaning and disinfection procedure should be performed as recommended in the instructions below . After disinfection, users should remove gloves and wash hands before testing the next patient . Cleaning and Disinfecting . The cleaning procedure is needed to clean dirt as well as blood and other body fluids on the exterior of the meter and lancing device before performing the disinfection procedure . The disinfection procedure is needed to prevent transmission of blood-borne pathogens . The meter should be cleaned and disinfected after use on each patient . This Blood Glucose Monitoring System may only be used for testing multiple patients when Standard Precautions and the manufacturer's disinfection procedure are followed . Note . We recommend cleaning and disinfecting the meter after the use on each patient . We have validated (Name) Germicidal Wipes, Dispatch . (at) Hospital Cleaner Disinfectant Towels with Bleach, CaviWipes, and PDI Super Sani-Clotho Germicidal Disposable Wipe for disinfecting the (Name) Multi Use Meter . It has been shown to be safe for use with the meter . These disinfectants are available commercially in towelette form . In addition to the (Name) Multi Use Blood Glucose Monitoring System instruction, please read the instructions provided by the manufacturer . before using it . Disinfectants were validated separately and only one cleaning / disinfecting solution should be used on the device for the life of the device as the effect of using more than one cleaner / disinfectant interchangeably has not been evaluated . 16. A facility procedure sign titled How to Safely Remove Personal Protective Equipment (PPE) provided by the Administrator on 8/24/2020 documented, .There are a variety of ways to safely remove PPE without contaminating clothing, skin, or mucous membranes with potentially infectious materials . Here is one example . Remove all PPE before exiting the patient room except a respirator if worn . Remove the respirator after leaving the patient room and closing the door . 17. The facility door sign titled Contact Droplet Precautions provided by the DON on 8/25/2020 documented, .Stop . Contact Precautions . Everyone Must . Put on gown before room entry . Discard gown before room exit . Do not wear the same gown and gloves for the care of more than one person . Use dedicated or disposable equipment . Clean and disinfect reusable equipment before use on another person . 18. The facility door sign titled Droplet Precautions provided by the DON on 8/25/2020 documented, .Stop . Droplet Precautions . Everyone Must Remove Face Protection Before Room Exit .</p>		