

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045374	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER ROBINSON NURSING AND REHABILITATION CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 519 DONOVAN BRILEY BLVD. NORTH LITTLE ROCK, AR 72118	
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.</p> <p>Complaint # (AR 928) was substantiated, all or in part, with these findings. Complaint # (AR 942) was substantiated, all or in part, with these findings. Complaint # (AR 957) was substantiated, all or in part, with these findings. Based on observation, record review, and interview, the facility failed to ensure proper infection prevention and control practices were maintained to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask that covered the mouth and nose. These failed practices had the potential to affect 71 residents who resided in the facility, according to the census number provided by the administrator on 6/16/2020. The findings are: 1. On 6/16/20 at 12:34 p.m., the Dietary Manager was in the kitchen area with a mask covering her mouth but not her nose. She was asked, What is the proper way to wear the mask? She replied, Over your nose and over your mouth. At 1:11 p.m., Certified Nursing Assistant (CNA) #1 was feeding a resident. CNA #1 was sitting at the doorway of a resident's room and the resident was sitting inside the doorway of the room. The food tray was sitting on a bedside table between the resident and CNA #1. CNA #1 had a mask on that was pulled down to his chin. When the surveyor approached, he pulled his mask up over his nose. He was asked, Should you be wearing a mask? He pulled his mask down and replied, I took it off for a second. I needed to breath. He was asked, Did you remove your mask when feeding a resident? He replied, Nah (No), I needed to breath, but didn't remove it. 2. On 6/17/2020 at 12:32 p.m., the facility's policy for COVID-19 Preparation/Infection Control Program provided by the Administrator documented, .E. Isolation Precaution . Masks . 1. In addition to Standard Precautions, wear a mask when within 3 feet of the patient . 3. On 6/17/2020 at 1:30 p.m., the COVID-19 in-services provided by the Administrator documented, .As of 03/25/2020, all staff must wear the surgical mask while on the halls. This is for all departments. The masks cannot be worn outside of the facility or taken home. Dietary must wear them as well while on duty .</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.