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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 04A293 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/16/2020 |
| NAME OF PROVIDER OF SUPPLIER ARKANSAS HEALTH CENTER | | STREET ADDRESS, CITY, STATE, ZIP 6701 HWY 67 BENTON, AR 72015 | |
| 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 - Many | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable diseases and infections as evidenced by wearing a face mask and when wearing the face mask to cover the nose. These failed practices had the potential to affect 232 residents who resided in the facility, according to the resident roster provided by the Director of Nursing (DON) on 6/15/2020. The findings are: 1. On 6/15/2020 at 10:20 a.m., there were 2 staff members in the facility van without masks on located westbound on Interstate-30. The van followed this surveyor to the facility. The staff applied their masks after they exited the van. An ambulatory resident exited the van without a mask on. A photograph of the van driver applying the face mask and the resident not wearing a face mask was taken at this time. a. On 6/15/2020 at 11:13 a.m., Office Personnel #1 was observed with no mask on. Office Personnel #1 was asked, Where is your mask? Office Personnel #1 stated, At my desk. b. On 6/15/2020 at 11:14 a.m., Office Personnel #2 was observed behind a desk with no mask on. c. On 6/15/2020 at 11:30 a.m., the Administrator came to speak to the surveyors with the mask below his nose. d. On 6/15/2020 at 11:51 a.m., located on Cedar Court, Environmental Services #1 walked from the hall to the common area with a mask on the face but not covering the nose. e. On 6/15/2020 at 11:51 a.m., located on Cedar Court, Activity Director #1 walked from the hall to the common area, with a mask on the face but not covering the nose. He was asked, Are you supposed to have a mask on covering your nose? He stated, Yes. f. On 6/15/2020 at 11:52 a.m., located on the Pines Unit, Certified Nursing Assistant (CNA) #1 had on a cloth mask that was positioned below her nose and was walking among the residents in the dining room area. CNA #1 was asked, What is the correct position for your mask? The CNA #1 stated, It should be pulled up. CNA #1 immediately pulled up her mask. g. On 6/15/2020 at 12:00 p.m., during rounds on Oak Court Rehab, Therapist #1, was observed at a resident's table setting up lunch. Her face mask connector was over her left ear hanging off her face. She was asked her name. She placed the mask connector over the right ear. She was asked, Are you supposed to wear the mask like that? Stated No. Not really. h. On 6/15/2020 at 12:34 p.m., Registered Nurse (RN) #1 was at the nurse's station on Oak Court with her mask below her nose. She was asked if she was supposed to wear it like that? Stated, No. It won't stay up. 2. On 6/15/2020 at 12:30 p.m., a review of the facility's Policy for COVID-19 / Undiagnosed Respiratory Illness Infection Control provided by the Assistant Director of Nursing (ADON) documented, to wear cloth face masks in public and when caring for ALL residents. For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.</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.