

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER AUTUMN HILL		STREET ADDRESS, CITY, STATE, ZIP 500 HAMMOND AVENUE BERRYVILLE, AR 72616	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure staff always wore face coverings while in patient care areas and residents who resided on the quarantined hall wore face coverings while in the general population areas. These failed practices had the potential to affect 56 total residents who resided in the facility, based on the Roster Matrix, provided by the Administrator on 8/10/2020 at 10:51 AM. The findings are: 1. On 08/10/2020 at 9:53 AM, Certified Nursing Assistant (CNA #1) transported a resident from the quarantined area to the shower room, approximately 60 feet, to the shower room, without a face covering on the resident. a. On 08/10/2020 at 10:37 AM, CNA #1 opened the shower room door and had her mask under her chin, not covering the mouth or nose. b. On 08/10/2020 at 10:55 AM, CNA #1 was asked about residents coming out of the quarantine hall into general population and face coverings use and she replied, .(Resident) should have had a mask on and she did not. She was asked if staff should wear masks during patient care and if she had pulled her mask down earlier and she replied, .When I opened the door earlier, I had just pulled my mask down because it gets hot in here and it's hard to breathe . resident in the shower room at that time did not have a mask on . 2. On 8/10/2020 at 11:10 AM, the Director of Nursing (DON), was asked if staff are ever supposed to wear their masks down under their chins and she replied, They are always supposed to cover the mouth and nose. She was asked if residents who reside on the quarantine hall should wear a mask when coming out into general population and she replied, Residents should wear a mask when coming out into general population.		
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.