

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER SOUTHERN PINES HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 700 MANOR RD PRESCOTT, AR 71857	
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	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 signs were on doors to alert staff of isolation precautions for residents on transmission-based precautions. This failed practice had the potential to affect all 43 residents according to the Resident Census and Conditions of Residents provided by the Administrator on 10/16/2020. The findings are: On 10/15/20 at 12:39 PM rooms 213, 214, 215, 216, 217, and room [ROOM NUMBER] did not have a precaution sign alerting staff the type of isolation the resident is on. These residents are all on the Covid unit. On 10/15/20 at 3:10 PM the infection preventionist was asked, should residents on transmission-based precautions have a sign on the door alerting staff the type of isolation they're on? She stated, Of course they should. On 10/16/20 at 12:01 PM the administrator was asked, if a resident is on isolation should there be a sign on the door alerting staff the type of isolation the resident is on? He stated, Yes. On 10/15/20 at 2:32 PM the DON provided a form titled, Isolation-Categories of Transmission Based Precautions . It documented, When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door .so that personnel and visitors are aware of the need for and the type of precaution .		
F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review the facility to ensure the infection preventionist completed specialized training in infection prevention and control. This failed practice had the potential to affect all 43 residents according to the Resident Census and Conditions of Residents provided by the Administrator on 10/16/2020. The findings are: On 10/15/20 at 1:04 PM the infection preventionist was asked the following questions. What type of specialized training have you completed related to infection control? She stated, I'm completing it through CDC, no specialized training. When did you start your position as the infection preventionist? She stated, Started 9/01/20 as infection preventionist. On 10/16/20 at 12:01 PM the administrator was asked; Can you tell me why the infection preventionist doesn't have specialized training in infection control? He stated, She's doing her module right now through CMS.		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interview, and record review the facility failed to ensure 3 (Res #1, Res #2, and Res #3) of 3 (Res #1, Res #2, and Res #3) sampled residents were informed by 5 PM the next business day when there were confirmed Covid cases. This failed practice had the potential to affect 43 residents according to the Census and Conditions of Residents received from the administrator on 10/16/20. The findings are: On 10/15/20 at 2:34 PM Res #1 was asked, Do the facility notify you if a staff or resident test positive for Covid? He stated, No. On 10/15/20 at 2:36 PM Res #2 was asked, Do the facility notify you if a staff or resident test positive for Covid? He stated, No. On 10/15/20 at 2:40 PM the Infection Preventionist was asked, why aren't the residents notified if another resident, or staff test positive for Covid? She stated, I notify staff, the nurses notify the residents. On 10/15/20 at 2:42 PM the Infection Preventionist was stated, Social notifies them. On 10/15/20 at 2:43 PM the social worker was asked, why aren't the residents notified if another resident, or staff test positive for Covid? She stated, to my knowledge they do be notified. She was asked who notifies them? She stated, Whoever; me, nurse, administrator, LPN, whoever. On 10/15/20 at 2:45 PM the Infection DON was asked, why aren't the residents notified if another resident, or staff test positive for Covid? She stated, social, staff, resident council. Ask Res #3 her BIMS (Brief Interview of Mental Status) is a 12. On 10/15/20 at 2:51 PM Res #3 was asked, do staff inform you when someone have Covid? She stated, No, they don't come tell me. I find out by overhearing the staff talk. On 10/15/20 at 2:52 PM LPN #1 was asked if she informed residents when staff or residents test positive for Covid? She stated, Only if it's that resident, never for staff or another resident. On 10/15/20 at 3:05 PM the Infection Preventionist was asked, when a staff test positive for Covid when are all the other residents and staff notified? She stated, We have 24hours to notify everybody, I notify staff, and social notify the residents. On 10/16/20 at 11:08 AM the administrator provided a form that documented, .Notification to residents is designated to our Social Service Director .She is responsible for notifying all residents when we have a positive Covid residents or staff in the building. In which, all department heads will be required to assist in the process . On 10/16/20 at 12:01 PM the administrator was asked the following questions. Who is responsible for notifying the residents if a staff of another resident test positive for Covid? He stated, Social worker. When should they be notified? He stated, Immediately.		

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.