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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045471 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2020 |
| NAME OF PROVIDER OF SUPPLIER HIRAM SHADDOX HEALTH AND REHAB | | STREET ADDRESS, CITY, STATE, ZIP 1100 PINETREE LANE MOUNTAIN HOME, AR 72653 | |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to ensure laundry staff sanitized their hands between resident rooms and contaminated hangers were not hung with clean laundry to prevent cross contamination. The facility failed to ensure staff sanitized their hands between residents during meal service for 1 (Resident #5) of 1 case mix resident to prevent the spread of infection. The facility failed to ensure reusable Personal Protective Equipment (PPE) was properly stored for 3 (Resident #1, #2, and #3) case mix residents who were on droplet / (and or) airborne precautions and failed to ensure appropriate notifications were placed / visible on the room entrance doors to inform the staff of the need and type of transmission-based precautions for 2 (Resident #1 and #3) of 3 case mix residents who were on droplet / airborne precautions to prevent the potential spread of infection during a COVID-19 Pandemic. These failed practices had the potential to affect 47 residents who received laundry services, 6 residents who received meal trays in the Day / Dining room off the 400 hall and 6 residents who resided on the 600 hall who required droplet / airborne precautions according to a list provided by the Administrator on 6/9/2020. The findings are: 1. Resident #2 resided on the 600 hall (isolation hall) and had a [DIAGNOSES REDACTED]. An Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/7/20, documented a Brief Interview for Mental Status (BIMS) of 13 (13-15 indicates cognitively intact). Required extensive assists for bed mobility, transferring, locomotion, dressing, toileting, personal hygiene, and bathing. a. The June 2020 Medication Administration Record [REDACTED]. b. The Care Plan dated 06/04/2020 documented, The resident has the potential to develop a respiratory infection due to the Covid-19 pandemic. . Monitor for the presence/absence of symptoms: Fever, cough, SOB, sore throat . c. On 6/8/20 at 11:33 a.m., during initial rounds of the 600 hall (isolation hall), Resident #2's room was noted to have a Contact, Droplet and Airborne Precaution sign posted on the door. The door was open and 3 clear plastic bags of reusable PPE were observed hanging from doorknob, one white gown was noted to be protruding approximately 6 inches, outside of the bag. 2. Resident #1 resided on the 600 hall and had [DIAGNOSES REDACTED]. An Admission MDS with an ARD of 6/5/2020 documented a BIMS of 15 (13-15 indicates cognitively intact). Required extensive assist for bed mobility, toileting, transferring, personal hygiene, and bathing. a. The June 2020 MAR indicated [REDACTED]. b. The Care Plan dated 06/02/2020 documented, (Resident #1) has the potential to develop a respiratory infection due to the Covid-19 pandemic. . Monitor for the presence/absence of symptoms: Fever, cough, SOB, sore throat . c. On 6/8/20 at 11:36 a.m., during initial rounds on the 600 hall, Resident #1's room door had no signage on the closed door but there were two clear plastic bags which contained used PPE observed hanging from the doorknob. 3. Resident #3 resided on the 600 hall and had a [DIAGNOSES REDACTED]. An Admission MDS with an ARD of 6/6/20 documented a BIMS of 15 (13-15 indicates cognitively intact). Required extensive assists for bed mobility, transferring, locomotion, dressing, toileting, personal hygiene, bathing; had an indwelling urinary catheter. a. On 6/8/20 at 11:42 a.m., during initial rounds on the 600 hall, (isolation hall) Resident #3's room door was open and had a hanging PPE container on the door. The PPE container was covering the posted signage. There were two clear plastic bags with used PPE hanging from the doorknob and another plastic bag from the upper door hinge. b. The June 2020 MAR indicated [REDACTED]. c. The Care Plan dated 06/03/2020 documented, . (Resident #3) has the potential to develop a respiratory infection due to the Covid-19 pandemic. Date Initiated: 06/03/2020 . Monitor for the presence/absence of symptoms: Fever, cough, SOB, sore throat . d. On 6/8/20 at 12:17 p.m., the 600 hall nurse, Licensed Practical Nurse (LPN) #1, was asked, Is there a resident in room [ROOM NUMBER]? She stated, Yes. She was asked, What kind of isolation is the resident on? She stated, Contact, Droplet and Airborne. She was asked, Should there be signage on the door? She stated, Yes. She was asked, What is in the plastic bags hanging on the doorknobs? She stated, PPE, personal that we are re-using, for that resident. She was asked, Is that the proper way to store the re-used PPE by hanging the bags on the doorknobs outside the doors? She stated, No, they should be hung inside the resident's room. She was asked, If a resident is on droplet or airborne precautions, should the resident's door stay closed at all times? She stated, Yes. e. On 6/8/20 at 12:22 p.m., Certified Nursing Assistant (CNA) #1 had PPE already donned (plastic cap, shoe covers, N95, gown, gloves, goggles) and was observed standing just inside a room on the 600 hall. Another CNA handed CNA #1, the resident's meal / drinks in Styrofoam containers. Meal set up provided to resident. CNA #1 removed her gown, outside in, then twirled the gown in the air, into a ball and placed it in a clear plastic bag behind the door. She removed her cap and gloves and discarded them in the hazard container. She washed her hands, donned new gloves and removed her N95 by the straps and placed it in the bag behind the door. She removed her goggles and sanitized them with a wipe. She then removed her gloves, stepped two feet out of the door and stepped back in. She removed and placed her shoe covers in the hazard container, exited room then sanitized her hands. 4. Resident #5 on the 400 hall had [DIAGNOSES REDACTED]. A Quarterly MDS with an ARD of 5/28/20 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status. a. The Care Plan dated 05/22/2020 documented, . (Resident #5) has the potential to develop a respiratory infection due to the Covid-19 pandemic. Date Initiated: . Monitor for the presence/absence of symptoms: Fever, cough, SOB, sore throat . b. On 6/8/20 at 1:04 p.m., at the Day / Dining room off the 400 hall, the meal trays were served to most residents, 6 residents, two residents at one table and one resident at each of the other tables. CNA #2 was observed placing a meal tray at Resident #5's table. The CNA went to another table and adjusted the resident's Broda chair to an upright position. The CNA then walked back to Resident #5's table and removed her meal / fluids from the tray, set up the meal, and began spoon feeding the resident. c. On 6/8/20 at 1:31 p.m., CNA #2 was asked, During meal service, should you sanitize your hands between residents when assisting them and performing meal set -up / feeding resident? She stated, Yes. She was asked, When you adjusted the resident's Broda chair, should you have sanitized your hands, before setting up Resident #5's meal tray and feeding her? She stated, Yes, I should of, thank you. 5. On 6/8/20 at 11:50 am, during initial rounds on the 700 hall, Laundry Aide #1 was observed passing out clean laundry from a covered cart. She grabbed two articles of clothing on hangers from the covered cart and entered room [ROOM NUMBER], opened the resident's cabinet, placed the clothes in the closet, and retrieved two hangers, exited room and hung the hangers in the clean laundry cart. She then proceeded to room [ROOM NUMBER] retrieved a pair of pants on a hanger from the covered laundry cart, entered the room, opened the cabinet and hung the pants up, grab a hanger from the cabinet, left the room and hung the hanger in the clean laundry cart. a. On 6/8/20 at 11:52 am, Laundry Aide #1 was asked, What is the facility's policy for handling clean linen? She stated, We place the clean laundry / linens in a clean covered cart, from there we delivery the laundry / linen to the halls / residents' room. She was asked, Are you supposed to sanitize your hands after leaving each resident's room and before reaching into the clean cart? She stated, Yes. She was asked, When you brought clothes into room [ROOM NUMBER] and 709 did you sanitize your hands after you exited each room? She stated, No, I usually do. She was asked, When removing hangers from the residents' room, where are you supposed to place those hangers? She stated, I hang them in the cart, away from the clean clothes, on one side, then I bring them to the laundry room and wipe them down with sanitizer. She was asked, Should hangers that have been in a resident's room be placed in with the clean linen / laundry? She stated, No. She was asked, Why? She stated, Because they could be contaminated. She was asked, What do you do if a resident is in</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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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>(continued... from page 1)</p> <p>isolation? She stated, I hang the clothing on the doorknob and let the CNAs put it away when they gown up. b. On 6/8/20 at 12:01p.m., the Housekeeper / Laundry Supervisor was asked, Are the laundry staff trained on handling and delivering clean laundry and linens and soiled items / laundry? She stated, Yes. She was asked, When delivering clean laundry to resident's room, when should staff sanitize their hands? She stated, Before and when exiting the room. She was asked, What are the laundry aides supposed to do with the hangers they bring them out of the resident's room? She stated, They are to collect the hangers with gloves on after they have completed delivering the clean clothes and linens. They take those hangers to the dirty side of the laundry room, wipe/sanitize the hangers and hang them to air dry. She was asked, When delivering clean laundry to the resident's room, should the laundry aide remove the hangers from the room and place in the clean linen cart? She stated, No. She was asked, Why? She stated, The hangers are contaminated. She was asked, When delivering clean laundry / linen to an isolation room what does the laundry aide do? She stated, They should gown up outside the room and bring the clean linen / laundry into the room. They have been trained to don and take off PPE. d. The following copies were received from the Administrator on 6/8/20 at 1:24 p.m.: A copy of the Airborne Precautions sign documented, STOP, AIRBORNE PRECAUTIONS EVERYONE MUST: .Door to room must remain closed. An INSERVICE dated 3/24/2020 documented, 1. Handwashing</p> <p>.Before and after contact with residents; .after contact with objects and surfaces in residents' environment .Related to Covid-19 outbreak . The Communal Dining Guidance documented, 4. .Staff members who are providing assistance for more than one resident .must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. The Infection Prevention and Control for COVID- 19 Information Packet documented, .Infection Prevention and Control Measures .Infection Precautions: Standard Precautions-standard precautions are implemented for all residents, regardless of conditions or infection status, and are the cornerstone of infection prevention and control measures. Standard precautions include Hand Hygiene .Personal Protective Equipment and Hand Hygiene Supplies .Signs indicating appropriate infection precautions are posted outside of residents' rooms . 1. On 6/9/20 at 1:21 p.m., a telephone interview was conducted with the DON and she was asked, Who is responsible for educating and in servicing staff on COVID-19? She stated, Myself and Infection Prevention (IP). She was asked, Has the staff been in-serviced on donning, doffing, re-using and storing PPE? She stated, Yes, with return demonstration. She was asked, How is staff trained to doff and store their gown, when re-using? She stated, Remove with contaminated side inward, fold and place in their personal plastic bag. She was asked, Is removing and twirling the gown in the air in a ball and placing it in the plastic bag, the proper way to fold and store the gown? She stated, No. She was asked, What should be done with the shoe covers prior to leaving an isolation room? She stated, Disposed in the hazard container inside the room. She was asked, Should shoe covers be worn outside the door of an isolation room? She stated, No. She was asked, Why? She stated, Spread infection. She was asked, When the residents are on droplet or airborne precautions, should the door remain closed. She stated, The residents on the 600 hall are on airborne as a precaution, if they have signs or symptoms (s/s) of respiratory illness, yes, if no s/s, no. If true COVID-19 they would be moved to the 200 hall. She was asked, Where should re-used PPE, be stored? She stated, Just inside the resident's door. She was asked, Is hanging re-used PPE bags outside the door on the doorknobs the proper way to store the PPE? She stated, No. She was asked, When a resident is on isolation should proper signage be visible and posted outside the room /door? She stated, Yes, but any resident that resides on the 600 hall is on contact, droplet and airborne precautions. She was asked, Should staff sanitize their hands between residents when assisting and performing meal set -up? She stated, Yes.</p> | | |