

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF MOUNTAIN VIEW, LLC		STREET ADDRESS, CITY, STATE, ZIP 706 OAK GROVE ST MOUNTAIN VIEW, AR 72560	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 transmissions of COVID-19 and other communicable diseases and infections as evidence by using disposable gloves stored in the staffs uniform pocket and applying them prior to entering a resident room on Quarantine for COVID-19, the facility failed to ensure Transmission Based Precaution Signage was posted immediately outside of resident rooms indicating appropriate Infection Prevention Control (IPC) precautions and required personal protective equipment (PPE), and the facility failed to ensure necessary PPE was available immediately outside the resident room prior to entering and providing care. These failed practices had the potential to affect 22 residents residing on the Northwest Halls (Halls 400 and 500) that Certified Nursing Assistant (CNA) #1 worked according to a list provided by the Administrator on 6/22/2020 at 2:25 p.m., and had the potential to affect 6 residents who were on Quarantine for 14 days according to a list provided by Licensed Practical Nurse (LPN) #1 on 6/22/2020 at 2:15 pm. The findings are: 1. On 06/22/2020 at 10:48 a.m., CNA #3 was asked how staff knows which residents are on quarantine. CNA #3 stated, There's a list at the desk. 2. On 06/22/2020 at 10:59 a.m., the Director of Nursing (DON) was asked how staff know if a resident is on quarantine. The DON stated, We have a list at the desk, and we inform the staff. She was asked, Are there signs posted on the doors? She stated, No signs. Staff wear a gown in addition to the usual mask and gloves. The gowns are inside the room. 3. On 06/22/2020 at 12:43 p.m., LPN #1 was asked how staff know if someone is on transmission-based precautions. LPN #1 stated, For isolation there are signs on the doors telling and isolation bin by the door with the necessary items (PPE) inside the drawers. We don't have anyone on isolation right now. With quarantine we're supposed to wear a gown in addition to the mask and gloves. We put a gown on when we enter (the room) and hang it up in the room and re-use it and throw it away at the end of the shift. No (supply) bins are set up for quarantine. LPN #1 was asked where the gowns were kept for staff to use in the quarantine rooms. She stated, At the nurse's desk. Eyewear is only for positive cases or suspected. We don't have any positive or suspected cases. We have eyewear available if we need it. LPN #1 was asked if quarantined residents have a sign on their door alerting to the need for PPE. LPN #1 stated, No ma'am. 4. On 6/22/2020 at 12:54 p.m., the door to Resident room [ROOM NUMBER] was closed with no precautionary signage on the door and there was no personal protective equipment outside the room. a. On 6/22/2020 at 12:56 p.m., CNA #1 pulled a pair of gloves from her scrub top pocket and applied the gloves prior to entering room [ROOM NUMBER]. b. On 06/22/2020 at 12:58 p.m., LPN #1 was asked, After using alcohol-based hand rub, should staff pull gloves out of their pocket and put them on to care for a resident? and Why? LPN #1 stated, No ma'am. That's cross contamination. Don't know what's been in your pocket. c. On 6/22/2020 at 12:59 p.m., CNA #2 was asked, Why is room [ROOM NUMBER] on Isolation? CNA #2 stated, Because of new admission. CNA #2 was asked, Should there be a sign on the door indicating what type of Isolation? CNA #2 stated, Yes. Normally they do. CNA #2 was asked, What PPE's are to be worn when in the room? CNA #2 stated, Gloves and an isolation gown. CNA #2 was asked, Do you normally wear PPE's when residents are on Quarantine? CNA #2 stated, We usually do. d. On 6/22/2020 at 1:02 p.m., CNA #1 exited Resident room [ROOM NUMBER]. CNA #1 was asked, Is the resident on isolation precautions? CNA #1 stated, Yes, 14 days. CNA #1 was asked, How do you know the resident is on Isolation? CNA #1 stated, They are new and a 14-day quarantine, we also have report. CNA #1 was asked, Are there any special PPE's you are supposed to wear prior to entering the room? CNA #1 stated, We have gloves, and a gown, but the gown is left inside because we are re-using it. CNA #1 was asked, Are staff supposed to pull gloves out of your pocket and apply them before entering the resident room? CNA #1 stated, Probably not. CNA #1 was asked, Would using gloves stored in your pocket be considered an infection control issue? CNA #1 stated, Well, sure. e. On 6/22/2020 at 1:07 p.m., Registered Nurse (RN) #1 was asked, Should staff keep gloves in their pockets, then use them to take care of a resident? RN #1 stated, No. RN #1 was asked, Would this be considered an infection control issue? RN #1 stated, It would be. RN #1 was asked, How do you know when someone's on isolation? RN #1 stated, We have the same aides working the halls, we used to have signs on the door. f. On 6/22/2020 at 1:30 p.m., CNA #4 was asked, Should disposable gloves be carried in your pocket, then used on a resident? CNA #4 stated, No, never. CNA #4 was asked, Would this be considered an infection control issue? CNA #4 stated, Yes. CNA #4 was asked, Should there be isolation signs on a resident's door if they are in Quarantine? CNA #4 stated, I would think so. g. On 6/22/2020 at 1:31 p.m., CNA #5 was asked, Should disposable gloves be carried in your pocket, then used on a resident? CNA #5 stated, Never. CNA #5 was asked, Would this be considered an infection control issue? CNA #5 stated, Yes. Cross contamination. CNA #5 was asked, Should there be isolation signs on a resident's door if they are in Quarantine? CNA #5 stated, Yes. h. On 6/22/2020 at 2:02 p.m., LPN #2 was asked, Should staff use gloves on the residents that were stored in their scrub pockets? LPN #2 stated, No. LPN #2 was asked, would this be considered an infection control issue? LPN #2 stated, Yes. Cross contamination. LPN #2 was asked, If a resident is on Isolation / Quarantined or on Transmission Based Precautions, should there be a sign on the door? LPN #2 stated, Used to they had us post signs up, and now we don't. 5. On 06/22/2020 at 2:05 p.m., the DON was asked if a resident was on isolation such as droplet precautions, or in quarantine, should there be a sign on the door to alert staff. The DON stated, For isolation, yes. For quarantine, no. Our quarantines are not suspected, or they are negative. It's just another layer of protection. 6. On 06/22/2020 at 2:06 p.m., the DON was asked if after using alcohol-based hand rub, should staff pull gloves out of their pocket and put them on to care for a resident. The DON stated, No ma'am. The DON was then asked if this practice was an infection control concern? The DON stated, I would think yes. 7. On 6/22/2020 at 2:15 p.m., LPN #1 provided a policy titled Hand Hygiene which documented, .Hand hygiene is the single most efficient means of preventing the spread of infection. 8. On 6/22/2020 at 2:30 p.m., the Administrator was asked, Should gloves be carried in your uniform pocket, then used? The Administrator stated, No. The Administrator was asked, Would this be considered an infection control issue? The Administrator stated, Yes. 9. On 6/22/2020 at 2:32 p.m., the Administrator was asked how staff are aware of residents on transmission-based precautions. The Administrator stated, We notify each hall and give them the supplies they need. If it's isolation there's a bin and a sign to contact the nurse before entering. The administrator was asked if there should be a sign on the door for residents on quarantine. The Administrator stated, No. We're doing observational quarantine to be on the safe side and we just tell staff and let them know. 10. A policy documented titled Infection Control documented, .It is the policy of the facility to ensure that a comprehensive system is in place that prevents, identifies, investigates reports, records and controls infections and prevent the development and transmission of communicable disease processes for residents / care providers, staff, visitors and others within the facility to include those providing contractual services in an effort to provide a safe, sanitary, comfortable environment. .The goal is to safeguard the residents and others in the facility from transmitting an infectious disease. 11. A policy titled Guidelines For Compliance With Infection Control documented, .Precautions will be implemented per Center for Disease Control and Prevention (CDC) guidelines and facility policy. 12. A document dated 4/2/2020 titled Centers for Medicare and Medicaid (CMS) COVID-19 Long Term Care Facility Guidance documented, .Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control. in particular, facilities should focus on adherence</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF MOUNTAIN VIEW, LLC		STREET ADDRESS, CITY, STATE, ZIP 706 OAK GROVE ST MOUNTAIN VIEW, AR 72560	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>to appropriate hand hygiene as set forth by CDC .CMS has also recently issued extensive infection control guidance, including a self-assessment checklist that long-term care facilities can use to determine their compliance with these crucial infection control actions</p>		