

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2020
NAME OF PROVIDER OF SUPPLIER CAVALIER HEALTHCARE OF ENGLAND		STREET ADDRESS, CITY, STATE, ZIP 400 STUTTGART HIGHWAY ENGLAND, AR 72046	
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 and interview the facility failed to ensure Infection Control Policies and Procedures were consistently implemented. This failed practice had the potential to affect all 47 residents who resided in the facility, as documented on the Resident Census and Conditions of Residents form provided by the Administrator on 9/30/2020. The findings are: 1. On 9/30/2020 at 1:00 p.m., Housekeeper #1 entered the dining room without wearing a facemask. She approached staff at the kitchen door and made a request. 2. On 9/30/2020 at 1:05 p.m., this surveyor signaled for Housekeeper #1 to approach the dining room table. Unmasked, she approached this surveyor and the Housekeeper #1 was asked, Should you wear a facemask at all times while in the facility. She stated, Yes ma'am. I should had put it on while I was being screened.		

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.