

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER MANILA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 814 NORTH DAVIS ST MANILA, AR 72442	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure staff sanitized their hands before and after direct contact with residents and / or objects before preparing and handling medications for 3 (Resident #1, #2 and #3) of 3 sampled residents who received medications. This failed practice had the potential to affect 18 residents who resided on the secured unit, according to the list provided by the Administrator on 6/24/20. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. 2. Resident #2 had [DIAGNOSES REDACTED]. 3. Resident #3 had [DIAGNOSES REDACTED]. 4. On 6/23/20 at 11:53 a.m., Licensed Practical Nurse (LPN) #1 was observed handing Resident #1 a medication cup and a plastic drinking cup of water. The resident swallowed the medication, drank the water and handed both cups to LPN #1. LPN #1 threw the cups in the trash. She picked up the computer mouse and reviewed the computer screen. She then picked up another plastic drinking cup and poured water into the cup. LPN #1 took the cup of water to Resident #2 who was sitting in the dining area and handed her the cup. LPN #1 placed her right hand on the resident's Geri-chair and her left hand on the table. The resident finished drinking the water and handed LPN #1 the empty cup. LPN #1 threw away the cup and placed both hands on her waist. She then picked up the computer mouse and reviewed the computer screen and then rested her hand on the medication cart. She picked up a medication cup and a plastic drinking cup and then touched the computer screen with her fingers. She then reached into her pants pocket and retrieved the medication cart keys. She unlocked the cart and retrieved a bottle of medication from the second drawer. She poured the medication into the medication cup, returned the bottle to the drawer and locked the cart. She picked up the plastic drinking cup and poured the medication into the cup and then added water to the cup. She walked down the hall to Resident #3 who was in the hallway in her Geri-chair. She kneeled beside the resident, grasped the arm of the Geri-chair with her left hand and handed the resident her medication with her right hand. The resident drank her medication and handed the empty cup to LPN #1. LPN #1 threw the cup away and then sanitized her hands. 5. On 6/23/20 at 12:00 p.m., LPN #1 was asked, Were you trained on hand washing / hygiene? She stated, Yes. The surveyor asked, When should you wash your hands when administering medication / fluids to a resident? She stated, Between every resident. The surveyor asked, When you gave Resident #1, her medication did you sanitize your hands after you gave her, her medications? She stated, No. When asked, Prior to giving Resident #2 a glass of water did you sanitize your hands? The LPN stated, No. The surveyor asked, Did you sanitize your hands before you prepared Resident #3 her medication? She stated, No, but I did after. 6. On 6/23/20 at 1:55 p.m., the Director of Nursing (DON) was asked, When is staff required to sanitize their hands? He stated, Before and after contact with resident and must wash hands after every 2-3 times of using alcohol-based sanitizer or when hands are visibly soiled. The surveyor asked, When administering medication when should staff sanitize hands? The DON stated, Between each resident. 7. The Handwashing/Hand Hygiene policy received on 6/23/20 at 1:57 p.m. documented, .This facility considers hand hygiene the primary means to prevent the spread of infection. .All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing all transmission of healthcare-associated infections. .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, or visitor. .Use an alcohol-based hand rub .for the following situations: .Before and after direct contact with residents; before preparing or handling medication . 8. The Administering Oral Medications policy received on 6/23/20 at 1:57 p.m. documented, .The purpose of this procedure is to provide guidelines for the safe administration of oral medications. .Steps in the Procedure .1. Wash hands .22. Discard all disposable items .23. Perform hand antiseptics. . 9. The Infection Control Guidelines for all Nursing Procedures policy received 6/23/20 at 2:08 p.m., documented, .To provide guidelines for general infection control while caring for residents. .Employees must wash their hands. .before and after direct contact with residents. .In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. .use an alcohol-based hand rub .in the following situations: before and after direct contact with residents .before preparing or handling medications .</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.