

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER OZARK NURSING HOME INC		STREET ADDRESS, CITY, STATE, ZIP 600 NORTH 12TH ST OZARK, AR 72949	
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 - Immediate jeopardy 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 record review and interview, the facility failed to ensure Positive, Symptomatic staff were not placed on the COVID-19 Unit to work per their Temporary and Limited Waiver for Critical Staffing requirements; failed to ensure symptomatic staff identified by the Screening Form were sent home to Quarantine; and also failed to ensure staff who worked with another Positive, Symptomatic staff member were placed on Quarantine per the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Prevention and Control (CDC) guidance. These failed practices resulted in Immediate Jeopardy, which caused, or could have caused, serious harm, injury, or death to 77 residents who resided in the facility and who were not currently Positive for COVID-19, according to the list provided by the Administrator on 10/20/2020 at 10:02 a.m. The Administrator was informed of the Immediate Jeopardy condition on 10/20/2020 at 2:15 p.m. The findings are: 1. A document titled Arkansas Department of Health's Residential Congregate Setting Reporting Form dated 10/12/2020 for Certified Nursing Assistant (CNA #3) provided by the Assistant Director of Nursing (ADON) on 10/19/2020 at 2:45 p.m. documented, (Staff) Name (Last, First) (Certified Nursing Assistant (CNA) #3) date of Birth (Date) . Positive Swab Collection Date . 10/12/2020 . Positive Swab Result Date . 10/12/2020 . What was the type of testing . [MEDICATION NAME] . Is the Case Symptomatic for COVID-19 . Yes . When Did The Case Become Symptomatic for COVID-19 . 10/10/2020 . Symptoms . Congestion / Runny Nose, Sore Throat and Other . Loss of Taste and Smell . a. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers completed for CNA #3 on 10/12/2020 and provided by the ADON on 10/19/2020 at 3:30 p.m. documented, As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers, such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes (checked) . 2. Ask the individual if they have any of the following respiratory symptoms . None . (were checked) . If NO to all, proceed to step 3. Check Temperature and document results . 97.3 . If NO proceed to step 4. Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (CNA #3) . Date . 10/12/2020 . b. On 10/19/2020 at 3:32 p.m., CNA #3 was notified via telephone and was asked, When did you first start to experience signs and symptoms of COVID-19? She stated, I called in on 10/10/2020 and 10/11/2020. On Saturday (10/10/2020), I wasn't the best. I was up all night with Shortness of Breath. On Sunday (10/11/2020), I was going to come into work but had to rush my brother to the hospital. I still didn't feel well Sunday. I had Shortness of Breath. I thought it might be sinus. (ADON) did ask me to come to the nursing home at 7:00 a.m. on Sunday but I was at the hospital with my brother. I did come to work on 10/12/2020. I was having symptoms when I came in Monday (10/12/2020). I couldn't taste or smell, had congestion, and a runny nose. As I worked, I had Shortness of Breath. I went and found (ADON) and told her I couldn't taste or smell, and she Rapid tested me, and I was Positive. She was asked, What hall did you work on? She stated, I think I worked the 300 Hall. The 300 Hall is the COVID Hall. c. On 10/20/20 at 4:38 p.m., Screener #1 was asked when she started doing the Staff Screening. She stated, I was working in the kitchen, but since about 3 weeks ago I started being Screener. She was asked, Did you work on 10/12/2020. She stated, I did work on 10/12/2020. She was asked if she had been trained to fill out the COVID-19 Screening Form. She stated, I have been trained to do the COVID Screening. I don't really remember when I was trained. (ADON) trained me as a Screener. She was asked if she remembered if she had asked (CNA #3) the questions from the screening form on 10/12/2020. She stated, I don't remember not asking (CNA #3) the screening questions. 2. A document titled Arkansas Department of Health's Residential Congregate Setting Reporting Form dated 10/13/2020 for CNA #1 and provided by the Assistant Director of Nursing (ADON) on 10/19/2020 at 3:30 p.m. documented, (Staff) Name (Last, First) (CNA #1) . Date of Birth (Date) Positive Swab Collection Date . 10/13/2020 . Positive Swab Result Date . 10/16/2020 . What was the type of testing . PCR . Is the Case Symptomatic for COVID-19 . Yes . When Did the Case Become Symptomatic for COVID-19 . 10/15/2020 . Symptoms . Congestion / Runny Nose . a. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers dated 10/14/2020 for CNA #1 and provided by the ADON on 10/19/2020 at 3:30 p.m. documented, As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . None . If NO to all, proceed to step 3 . Check Temperature and document results . 96.3 . If NO proceed to step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to step 5. Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (CNA #1) . Date . 10/14/2020 . b. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers for CNA #1 dated 10/15/2020 and provided by the ADON on 10/19/2020 at 1:30 p.m. documented, As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . None . If NO to all, proceed to Step 3 . Check Temperature and document results . 97.1 . If NO proceed to Step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to Step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (CNA #1) . Date . 10/15/2020 . c. On 10/20/2020 at 8:45 a.m., CNA #1 was notified via telephone and was asked if she reported her symptoms on 10/15/2020. She stated, I had sniffles on the 15th (10/15/2020) that afternoon. I didn't think anything about it since I have allergies. It's common for me to have sniffles because of allergies and sinus problems. After I got home on the 15th, I just started feeling worse, had chills, could just feel heat around my neck and head. She was asked if she had let them know she had symptoms prior to coming to work. She stated, No. They notified my mother-in-law who I live with and work with. They told her to tell me not to come to work on the 16th (10/16/2020) because my test was Positive. The DON (Director of Nursing) then told my mother-in-law to tell me to come in the back and work the COVID Hall. I was texting my mother-in-law and said, 'what if I have symptoms', and by that time she</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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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>was here to get me. I was congested and couldn't breathe while I was working. She was asked who screened her on the morning of the 16th. She stated, I just came in the back and started to work. I was not screened on that morning. She was asked when she is screened, if she was asked the questions on the Screening Sheet. She stated, Normally I come in and clock in. They ask us if we have a cough or anything and to check the boxes and they take our temperature. Once I got to work (Licensed Practical Nurse (LPN) #1), the nurse, was asking some of us how we were feeling. I told her I didn't feel good. I was congested and having trouble breathing, and I had no taste or smell. She was telling us 'I'm so sorry y'all. I don't know why y'all are here.' (CNA #2) and I were working together because we were Positive. She had told me during our shift that she didn't know why we were working since we were sick. (CNA #2) was really congested and having trouble breathing but she had not lost her taste or smell yet. I don't know if (CNA #2) had told (DON) or (ADON), but I didn't. They already knew I was sick. She was asked if she had been placed on Quarantine since she had symptoms and was Positive. She stated, No, not until I had my mother-in-law text (ADON) yesterday evening to see what I was supposed to do since no one let me know anything and I still have symptoms. (ADON) said to just go ahead and stay off until I didn't have symptoms. She didn't give me a time frame. What I thought was funny about this was our in-services instructed that if we had symptoms, we were to stay at home, and the last in-service was Friday (10/16/2020). She was asked if she was aware of other staff working with symptoms. She stated, No, not that I'm aware of. d. On 10/20/2020 at 9:30 a.m., the Transport Driver was asked if she had been notified by the facility of (CNA #1) being COVID Positive. She stated, On Friday morning the 16th (ADON) text me at 6:53 a.m. (The Transport Driver looked at her phone and found the text) and said (CNA #1) was positive. I text her back and said, 'We don't come to work?' (ADON) text back and said you can but not her. She lives with me. She was asked if the ADON knew that (CNA #1) lived with her. She stated, Yes. I text back and said we were just walking out the door. We ride together. (ADON) asked if I was symptomatic and I told her I have my normal sinus stuff I usually have. She asked if (CNA #1) had symptoms and I text her (The Surveyor viewed this text) at 6:55 a.m. and told her last night she couldn't taste or smell anything and she sounds really congested. She was asked if she or her son who also works at the facility were told to Quarantine. She stated, No. After I got through texting (ADON) I went ahead and came to work and (CNA #1) stayed home. When I got here, (DON) said, 'You can go get her. She can work the COVID Hall.' I told (DON) she has lost her taste and smell and she sounds really congested. (DON) said to go get her to work the COVID Unit. She said tell her to go around and enter 300 Hall. I was assuming they were doing screening back there since she told her to go back that way. She was asked if she had asked the DON or anyone else if she and her son should be Quarantined. She stated, No, (DON) just gets so (at that time the Transport Driver threw her arms up in the air and started swinging them back and forth). Back in June my husband was Positive, and we were told by (DON) and (ADON) that we had to Quarantine because he was Positive. He was tested because he had symptoms on 6/12/2020. He got his results on 6/16/2020. I was in (DON's) office when he called and said they had just called him with the Positive results. I told (DON) at that time and she tested me and sent me home. My son was not working here at that time. I don't think (CNA #1) was here that day. I think it was the next day that they tested her, and she was Negative, but she was told to Quarantine. We both Quarantined for 2 weeks. I thought it was not right if they did that in June but had her work with symptoms when she tested Positive. e. On 10/20/2020 at 10:02 a.m., the ADON / Infection Control Preventionist (ICP) was asked if she had told the Transport Driver and her son to Quarantine since (CNA #1) tested Positive and since the Transport Driver and son live with (CNA #1). She stated, No, I didn't. I didn't think about it but they both should have been sent home for 14 days. f. On 10/20/2020 at 1:41 p.m., Licensed Practical Nurse (LPN) #1 was asked how they screen the staff working on the COVID Hall. She stated, We got screening forms today that we have in the front entrance. Originally everyone was going in the front door to get screened then walking around to enter. Then they changed that to everyone that was Positive had to just come and enter on COVID Hall. She was asked how they were screening prior to receiving their screening forms. She stated, We were getting temperatures and pulse ox's (oxygen saturation testing). We got some typed up forms last week and on that it has place for temperature, pulse ox, and signs and symptoms. She was asked if there had been Positive staff working on the COVID Hall with symptoms. She stated, I had been off prior to the 16th of October, and when I came back, they were saying there were people who were Positive working. (CNA #1) had told me she was feeling really tired. When she told me that, that's when I said I couldn't believe anyone testing Positive is even here. I know (CNA #2) said she didn't have fever, but she was feeling really tired and worn down. She was asked if those were symptoms of COVID. She stated, Yes. She was asked if she had sent them home. She stated, No, I didn't. I didn't feel I had the authority. She was asked if she let the DON and / or the ADON know about the Positive staff with symptoms and working. She stated, No, I didn't. I knew they knew they both had symptoms because they had told the CNA Supervisor their symptoms and they were still to come in. They were just saying they didn't understand why they were being made to work with being Positive and having symptoms. 3. A document titled Arkansas Department of Health's Residential Congregate Setting Reporting Form for CNA #2 dated 10/14/2020 and provided by the Assistant Director of Nursing (ADON) on 10/19/2020 at 3:30 p.m. documented, .Staff Checked . Name (Last, First) . (CNA #2) . Date of Birth . (Date) . Positive Swab Collection Date . 10/14/2020 . Positive Swab Result Date . 10/16/2020 . What was the Type of Testing . [MEDICATION NAME] . Is the Case Symptomatic for COVID-19 . Yes . When did the Case Become Symptomatic for COVID-19 . 10/14/2020 . Symptoms . Congestion / Runny Nose and Muscle Aches . Handwritten documentation on the form and signed by the ADON documented, .She worked 200 Hall on 13th (with) no symptoms. (CNA #2) came in for her shift but came to me first, stated she started having symptoms this AM (morning). I tested her. She had not entered (the facility). Sent home with direction on what to do for self, home Quarantine. (CNA #2) came back to work on COVID Hall 17th (with) no symptoms per (CNA #2) . a. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers for CNA #2 dated 10/22/2020 and provided by the ADON documented, .As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . None . If NO to all, proceed to Step 3 . Check Temperature and document results . 96.9 . If NO proceed to Step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to Step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (CNA #2) .Date .10/11/2020 . b. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers for CNA #2 dated 10/13/2020 and provided by the ADON on 10/19/2020 at 3:30 p.m. documented, .As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . None . If NO to all, proceed to Step 3 . Check Temperature and document results . 95.7 . If NO proceed to Step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to Step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (CNA #2) .Date . 10/13/2020 . c. On 10/20/2020 at 10:10 a.m., the CNA Supervisor was asked if (CNA #2) had worked on the 16th of October (10/16/2020). He stated, She wasn't here at 7:00 a.m., but I'm pretty sure she was here. Someone must have called her in. The day before she came up here to get a Quick Test. She called me on her way home and told me she felt like she had a fever. She wasn't sure if it was the PPE (personal protective equipment) gowns. I'm pretty sure it was Thursday, 10/15/2020, she sent me a picture of her thermometer and it was 99.8. She sent another text and said it's even higher now (expletive). (The Surveyor viewed the text.) The next text was the CNA Supervisor sending a text to CNA #2 on 10/16/20 at 7:06 a.m. which documented, (DON) wants to know if you feel well enough to work. We are short. He stated, I did tell (DON) about the text from (CNA #2) of her temp (temperature) and also that she had called me about having body aches after her temp went up. (CNA #2) said after her temp crossed the 100 mark, she had very painful like muscle aches. I did tell (DON) about that. He was asked if CNA #2 had told him she didn't have symptoms on the 16th. He stated, No. The only thing she ever told me was she was feeling some better on the 16th. The only interaction I had with her was through the window on the door of the COVID Hall. d. On 10/20/2020 at 4:48 p.m., CNA #2 notified via telephone and was asked if she had tested Positive for COVID. She stated, I did test Positive for COVID on 10/14/2020. On the 13th, I</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>called (CNA Supervisor) after I got off work and told him I don't know if I'm tired from a 12-Hour shift and sinuses just bothering me. I told him I felt like I might have fever. When I got home it (temperature) was 98.9. He told me not to come in at 3:00 a.m. the next morning and to wait until 7:00 a.m. and talk to (ADON). So, that's what I did. She Rapid tested me and sent me home. She was asked what symptoms she was having. She stated, I was having like sinus issues. She was asked if, on the 16th, if she had made comments to (CNA #1) about them having to work sick. She stated, The only thing I said is that these people who have been off 10 to 12 days should be here working. She was asked if she had worked with symptoms. She stated, I guess I worked with symptoms. I had congestion and I was tired. She was asked the last time she had symptoms. She stated, The last day with any symptoms was the 16th. 4. A document titled Arkansas Department of Health's Residential Congregate Setting Reporting Form for the DON dated 10/16/2020 and provided by the Assistant Director of Nursing (ADON) on 10/19/2020 at 3:30 p.m. documented, .Staff checked . Name (Last, First) . (DON) .Date of Birth . (Date) . Positive Swab Collection Date . 10/16/2020 . Positive Swab Result Date . 10/16/2020 . What was the type of testing . [MEDICATION NAME] . Is the case symptomatic for COVID-19 . Yes . When did the case become symptomatic for COVID-19 . 10/15/2020 . Symptoms . Congestion / Runny Nose . Other . SOB (shortness of breath) (with) exertion . a. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers for the DON dated 10/13/2020 and provided by the ADON on 10/20/2020 at 3:50 p.m. documented, .As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . Cough . If YES to any, ask if they have alternative [DIAGNOSES REDACTED]. (There was no documentation of any cause) . If NO to all, proceed to Step 3 . Check Temperature and document results . 95.7 . If NO proceed to Step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to Step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (DON) Date .10/13/2020 . b. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers for the DON dated 10/14/2020 and provided by the ADON on 10/20/2020 at 3:50 p.m. documented, .As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions . 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . Cough . If YES to any, ask if they have alternative [DIAGNOSES REDACTED]. (There was no documentation of any cause) . If NO to all, proceed to Step 3 . Check Temperature and document results . 96.8 . If NO proceed to step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to Step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (DON) .Date . 10/14/2020 . c. A document titled COVID-19 Screening Checklist for Staff and Health Care Providers for the DON dated 10/15/2020 and provided by the ADON on 10/20/2020 at 3:50 p.m. documented, .As areas of the country lift visitors restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL staff, including Health Care Providers (Agency Staff, Regional or Corporate Staff, Health Care Workers such as Hospice, EMS (Emergency Medical Services), [MEDICAL TREATMENT] Technicians that provide care to residents) entering the building must be asked the following questions 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry . Yes . 2. Ask the individual if they have any of the following respiratory symptoms . Cough . If YES to any, ask if they have alternative [DIAGNOSES REDACTED]. (There was no documentation of any cause) . If NO to all, proceed to Step 3 . Check Temperature and document results . 97.1 . If NO proceed to Step 4 . Ask if they have worked in facilities or locations with recognized COVID-19 cases . If NO, proceed to Step 5 . Allow entry to building and remind the individual to . Wash their hands or use ABHR throughout their time in the building . Not shake hands with, touch, or hug individuals during their visit . Name . (DON) .Date . 10/15/2020 . d. On 10/20/2020 at 11:27 a.m., the DON was notified via telephone and was asked if she was aware of staff working with Positive COVID results and symptoms. She stated, No, that's why I haven't come back because I'm still coughing. I thought you had to be asymptomatic. She was asked if she had told the Transport Driver to go get (CNA #1) and bring her to work after she had tested Positive and had symptoms. She stated, I had told (Transport Driver) to go get her if she's not having any symptoms. (Transport Driver) told me she didn't have any symptoms and (ADON) knew I sent her after (CNA #1) and no one told me she had symptoms. She was asked if the Transport Driver and her son were told to Quarantine since they all live in the same house and (CNA #1) was Positive. She stated, I don't have a clue why they weren't Quarantined. I didn't tell them to Quarantine, but they should have been. She was asked if she had told the CNA Supervisor to have (CNA #2) to come in on the 16th of October after she had tested Positive on the 14th and was experiencing symptoms. She stated, I did have (CNA Supervisor) get ahold of her to see if she was having symptoms. If he told me she was having symptoms, I don't recall that. I know you have to be fever free for 24 hours, 24 to 72 hours, and that's with no symptoms. She was asked when the first time she was symptomatic. She stated, I can't remember the dates. The night of the 13th when we were sitting up rooms, I was doing the cleaning. On the 14th when I came in, I had a tickle in my throat and thought it was just from the cleaning. I did a Rapid Test on myself the 14th and it was Negative. She was asked if she was supposed to test herself. She stated, Probably not, but I did. The DON was reminded the cleaning was done on the 12th. She stated, So I tested myself on the 13th and it was Negative. She was asked if anyone was supposed to work with symptoms even with no temperature. She stated, I'm confused because I thought you had to have 2 or more of the symptoms. She was asked if the ADON had told her she had never seen her so short of breath. She stated, She did tell me she thought I was really short of breath and I think this was the 15th. I had been doing a lot of walking. I probably shouldn't have stayed there. 5. A document titled Temporary and Limited Waiver for Critical Staffing dated 10/15/2020 and provided by the Administrator on 10/19/2020 at 1:45 p.m. documented, .Re: Temporary and Limited Waiver for Critical Staffing . Dear, (Administrator) (Facility Name) may allow its Healthcare Workers who test Positive for COVID-19 and are asymptomatic to return to work in certain limited circumstances described below for the duration of the Public Health Emergency declared by the Governor. Pursuant to section 213 of the Arkansas Nursing Home Rules, the Office of Long Term (OLTC) has determined that the health and welfare of the community requires this facility's services. OLTC consulted with the Arkansas Department of Health (ADH) in evaluating this waiver and the safety and well-being of all residents. This letter constitutes a temporary and limited waiver by the OLTC of the following rules in order to allow (Facility) to have adequate staff to ensure the health and safety to all residents. The waiver is limited to the express terms of waiver. These rules remain in effect for all other circumstances not covered by this waiver. . Healthcare workers authorized to work under this waiver are subject to the following limitations . COVID-19 Positive workers must immediately be excluded from work if the COVID-19 Positive worker becomes symptomatic, including without limitation by developing a temperature above 100.4 degree Fahrenheit, a cough, shortness of breath, or any other COVID-19 symptom by the Centers for Disease Control or ADH . 6. A facility in-service titled COVID-19 Guidance for Self-Home Quarantine provided by the ADON on 10/21/2020 at 11:10 a.m. documented, .COVID-19 Update In-service . COVID-19 Guidance for Self-Home Quarantine . We want to keep you informed regarding the Novel Coronavirus and inform you how to self-home quarantine. If you have had close contact with a person who tested positive for COVID-19, your medical provider will recommend that you home quarantine. You must remain home for 14 days after you had last contact with that the person who tested Positive or left that country to prevent the spread of [MEDICAL CONDITION] . 7. The Immediate Jeopardy was removed, and the scope and severity reduced to E on 10/21/20 at 11:05 a.m. when the facility implemented the following Plan of Removal: a. Facility failed to ensure that Confirmed Positive staff with symptoms did not work the COVID-19 Unit. On 10/20/2020 at 2:50 p.m. the Administrator verified that there were not any positive symptomatic staff working the COVID Unit. Also verified that (CNA #2) currently working the COVID Unit was asymptomatic today . b. Nurse will monitor Positive staff for signs and symptoms three times per shift. Nurse to notify Administrator / Designee of Negative findings. Monitoring will be 7 times a week for 3 weeks, 5 times a week for 3 weeks, 3 times a week for 2 weeks, and then weekly until substantial compliance is achieved . c. Facility failed to ensure that staff exhibiting signs and symptoms of COVID were tested and immediately sent home to Quarantine . On 10/20/2020 at 3:00</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER OZARK NURSING HOME INC		STREET ADDRESS, CITY, STATE, ZIP 600 NORTH 12TH ST OZARK, AR 72949	
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 - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3)</p> <p>p.m. the Administrator verified that no staff working who had been screened this morning had any signs or symptoms of COVID-19. The Administrator also verified that no staff had been exhibiting signs and symptoms throughout their shift . d. Administrator / Designee will monitor Screening Sheet daily for any signs and symptoms of staff. Screener will notify Administrator / Designee immediately with any Positive symptoms. Monitoring will be 7 times a week for 3 weeks, 5 times a week for 3 weeks, 3 times a week for 2 weeks, and then weekly until substantial compliance is achieved . e. .Facility failed to ensure to ensure staff exposed to Confirmed Pos</p>		