

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOMERSET SENIOR LIVING AT SEVEN SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1040 WEDDING FORD ROAD HEBER SPRINGS, AR 72543</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to ensure implementation of proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by not wearing a face mask properly to cover the mouth and nose and failed to handle linens appropriately to prevent the potential spread of infection. These failed practices had the potential to affect all 56 residents residing in the facility according to the Roster Matrix provided by the Administrator on 6/17/2020 at 10:23 a.m. The findings are: a. On 06/17/2020 at 9:42 a.m., on the 100 Hall, Certified Nursing Assistant (CNA) #1 was retrieving linens from the linen cart with her face mask only covering her mouth but was not covering her nose. Surveyor asked CNA #1, Is your mask supposed to cover your nose? She stated, Yes, ma'am. She was asked, Have you received training on how to properly wear a mask? She stated, Yes. b. On 06/17/2020 at 9:50 a.m., on the 200 Hall, CNA #2 was standing in the hall with a face mask covering only her mouth but was not covering the nose. c. On 06/17/2020 at 10:11 a.m., on the 400 Hall, in the laundry room, Laundry employee #1 folded resident clothing protectors against her contaminated blue t-shirt and wore a face mask that did not cover her nose. Surveyor asked, Are you supposed to let resident clothing protectors touch your clothing? She stated, No. d. On 06/17/2020 at 10:42 a.m., the Director of Nursing (DON) was asked, Should the staffs' face mask cover the nose? She stated, Yes, ma'am. She was asked, Should staff touch residents' clothing to their own clothing? She stated, No. e. On 06/17/2020 at 10:45 a.m., the Administrator was asked, should staff wear Personal Protective Equipment (PPE) appropriately? She stated, Yes, ma'am. She was asked, Should staff touch residents' clothing to their own clothing when folding? She stated, No, ma'am. f. On 06/17/2020 at 10:45 a.m., a review of the document titled, Clinical Management provided by the Administrator documented, Policy: Mask .Policy: The facility will strive to ensure that PPE, mask is worn appropriately and is the appropriate type of masks .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.