

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER JOHNSON COUNTY HEALTH AND REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP 1451 EAST POPLAR STREET CLARKSVILLE, AR 72830	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure 2 of 3 clothes dryers remained free of lint build-up to decrease the potential for fire and loss of laundry services during the COVID-19 facility lockdown for 1 of 1 laundry room. This failed practice had the potential to affect all 110 residents who resided in the facility, according to the Resident Census and Conditions of Residents form dated 5/26/2020. The findings are: On 5/26/2020 at 1:17 p.m., during the Infection Control tour with the Maintenance Director, the following observations were made: a. On 5/26/2020 at 1:17 p.m., 3 clothes dryers were in the clean area of the laundry room. Dryer #1 had a one-quarter inch build-up of lint on the lint screen. Laundry Aid #1 was asked, How often are the lint traps to be cleaned? Laundry Aid #1 stated, Every other load. b. On 5/26/2020 at 1:18 p.m., Dryer #2 had insulation on the side of the dryer and there were holes in the insulation. The Maintenance Director was asked, Could that affect the heating of the dryer or cause any problems? He stated, I don't know. It's from sweeping it all the time. The Maintenance Director was asked, Can you tell me what is in the lint door? He stated, Binder clip, food particles, and trash. He was asked, Should it be there? He stated, No. c. On 5/26/2020 at 1:20 p.m., Laundry Aid #1 was asked, How often should the lint trap be cleaned? She stated, Every time it is done. She was asked, When was it last cleaned? She stated, I'm not sure. She was asked, Have you been doing laundry today? She stated, Yes. d. On 5/26/2020 at 1:46 p.m., the Administrator was asked, How often should lint traps on the dryers be cleaned? The Administrator looked at the lint log and stated, I think that it is saying daily. She was asked, Do you have a policy for that? She stated, I will look. e. On 5/27/2020 at 2:30 p.m., the Laundry Supervisor was notified via telephone and was asked, How often are the lint traps to the dryers to be cleaned? He stated, Every three loads. The machine (dryer) has a sensor and will not turn on unless you clean it. He was asked, Does the staff know this? He stated, I think so. He was asked, How often are the staff supposed to initial that the dryer lint trap is cleaned? He stated, Every time it is done. He was asked, Should it have been initialed yesterday from 6:00 a.m. until 2:00 p.m.? He stated, Yes, it should have been. f. The facility policy titled Laundry provided by the Administrator on 5/27/2020 at 2:35 p.m., contained no documentation related to how often the dryer lint traps should be cleaned, and contained no documentation related to how often staff should initial indicating the dryer lint traps were cleaned.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to consistently implement appropriate policies for COVID-19 to prevent the potential exposure and spread of the Coronavirus to residents and staff by failure to ensure the clean area of laundry remained free of open drinks from staff; and, failure to ensure masks were worn by staff while in the facility. This failed practice had the potential to affect 110 residents who resided in the facility, according to the Resident Census and Conditions of Residents form dated 5/26/2020. The findings are: On 5/26/2020 at 1:17 p.m., during the Infection Control tour with the Maintenance Director the following observations were made: a. On 5/26/2020 at 1:20 p.m., Laundry Aid #2 was in the laundry room and had no mask on. Laundry Aid #2 was standing next to Laundry Aid #1. Laundry Aid #1 was asked, Are you supposed to be wearing a mask? He stated, I assume so. b. On 5/26/2020 at 1:22 p.m., a half-empty bottle of soda was on the shelf in the laundry room with the clean linen. The Maintenance Supervisor was asked if a bottle of soda was supposed to be with the clean linen. He stated, No. c. On 5/26/2020 at 1:24 p.m., a clothes rack with clean clothes hanging on the rack was in the laundry room. A small refrigerator was under the clothes rack and an opened cup of coffee was on the refrigerator. The Maintenance Supervisor was asked, Should that (cup of coffee) be with the clean clothes? He stated, No. d. On 5/26/2020 at 1:25 p.m., one opened can of Mountain Dew was on the folding table next to Multi- Purpose Disinfecting Wipes in the laundry room. The Maintenance Supervisor was asked, Should the opened drink be next to the disinfecting wipes, or should it be on the table with clean laundry? He stated, No, it should not be there at all. e. On 5/26/2020 at 1:46 p.m., the Administrator was asked, Should laundry personnel wear face masks? She stated, If they are on the floor, or close to each other, yes. She was asked, Should laundry staff have opened drinks on the clean side of the laundry? She stated, No, that's why there is an office back there. f. On 5/27/2020 at 8:17 a.m., the Laundry Supervisor was asked, Are laundry staff supposed to wear face masks? He stated, Yes. He was asked, Should laundry staff have drinks on the clean side of laundry? He stated, No. They have an office.		
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.