

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SHILOH NURSING AND REHAB, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1092 WEST STULTZ ROAD SPRINGDALE, AR 72764</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interviews the facility failed to ensure appropriate infection control practices were implemented by the staff working in the COVID-19 pandemic isolation area to prevent the potential for spread of COVID-19. This failed practice had the potential to spread transmission of COVID-19 to 2 (Resident #1 and Resident #3) sample residents residing in the COVID-19 isolation section of the facility with pending lab results. The facility also failed to ensure isolation signage or information of personal protective equipment (PPE) required to enter the rooms on the door/entryway of 1 (Resident #5) of 2 (Residents #4 and #5) quarantine residents on the 100 and the 400 hall. This failed practice had the potential to affect all 3 residents residing in the COVID-19 isolation area and the 2 residents on isolation/quarantine of the facility per a list provided by the Director of Nursing (DON) on 6/10/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of May 22, 2020 documented the resident scored 13 (13 - 15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS); and required extensive assistance of 1 person for bed mobility, transfers, locomotion on unit, dressing and toilet use; and was frequently incontinent of urine. a. A physician's orders [REDACTED]. b. Resident #1 had negative Covid-19 lab results that were collected 6/3/2020. The resident was moved to an isolation room with her roommate (Resident #2) on 6/3/2020 when symptoms of cough developed. 2. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an ARD of 3/27/2020 documented the resident scored 7 (0 -7 indicates severe impairment) on a BIMS; and required extensive assistance of 1 person for bed mobility, transfers, walking in the room or on unit, dressing, toilet use, and personal hygiene; and was continent of bowel and frequently incontinent of urine. a. A physician's orders [REDACTED]. b. On 6/5/2020 per the Director of Nursing (DON)/Administrator, Resident #2 lab results documented positive COVID-19 results. 3. Resident #3 had [DIAGNOSES REDACTED]. The Significant Change in Status MDS with ARD of 5/22/2020 documented the resident scored 4 on a BIMS; and required extensive assistance of 2 staff for bed mobility, transfers, dressing, toilet use and personal hygiene; and was always incontinent of bowel and bladder. a. Resident #3 was moved with her roommate to a Covid-19 isolation room on 6/3/2020 for symptoms of cough and was tested for COVID 19. b. A physician's orders [REDACTED].#3 had positive COVID-19. c. On 6/10/2020, the Covid-19 test results documented Positive. 4. Resident (R) #4 had [DIAGNOSES REDACTED]. He was admitted to facility on 6/2/2020 and was on Hospice. a. A physician's orders [REDACTED]. 5. On 6/10/2020 at 8:57 a.m., observation of COVID-19 Isolation Area at end of the 200 Hall had an opaque plastic barrier taped to the floor and to the ceiling between room [ROOM NUMBER] and 209. There was an entry area door through the plastic that measured approximately 3 feet (ft) wide by 5.5 feet tall. The entry door was open to air and room [ROOM NUMBER]'s door was open to the hallway. Residents #1, #2, and #3 were in the COVID-19 isolation area per the Business Office Manager (BOM). The BOM stated R #2 tested positive for COVID-19 and was in 208B with Resident #1 room [ROOM NUMBER]A who had tested negative for COVID-19. room [ROOM NUMBER] was outside of the plastic barrier. Resident #3 resided in room [ROOM NUMBER] with an elevated temperature and had COVID-19 test results pending. Yellow caution tape was attached to the walls from one side of the hall to the other side of the hall. It was placed just past room [ROOM NUMBER] and before room [ROOM NUMBER]. In room [ROOM NUMBER]'s doorway there were 4 isolation gowns hanging on hangers on top of each other. There was a 3-hook coat rack placed outside of room [ROOM NUMBER]'s door. It was located to the right side on the wall with N95, and surgical masks, and face shields open to air and hanging on the hooks. a. On 6/10/2020 at 8:58 a.m., this surveyor was standing with the Business Office Manager (BOM) at the edge of the isolation area. Housekeeping staff #1 was dressed in personal protective equipment (PPE) consisting of a gown, gloves, mask, and shoe covers leaving room [ROOM NUMBER]. She removed the gown, shoe covers, and mask in the open doorway of room [ROOM NUMBER] but did not remove her gloves or use any hand sanitation. She proceeded to move her cleaning supplies and clean the isolation hall area and go into the plastic barrier area (next door) with the same contaminated gloves. The BOM was asked if she noticed the Housekeeper #1 wearing the same gloves after removing her gown, mask and shoe covers exiting an isolation room and moving her cleaning products and continuing to other area to clean without changing her gloves or hand sanitizing. The BOM stated, You will have to talk to the Administrator or Director of Nursing when she gets here. I don't know anything about that. b. On 6/10/2020 at 9:09 a.m., the Director of Nursing (DON) was asked about the COVID-19 positive resident being in a semi-private room with a negative COVID-19 resident. She stated they were prior roommates, and both were moved when they developed a cough into the COVID-19 isolation area in room [ROOM NUMBER]; and that there is the plastic barrier at the doorway of the negative resident part of the room. 6. On 6/10/2020 at 10:15 a.m., Resident #5 was observed in a quarantine room with PPE equipment hanging on the outside of the entry door. There was no sign visible of the type of isolation or to see the nurse before entering the room. a. On 6/10/2020 at 10:17 a.m., Certified Nursing Assistant (CNA) #2 was standing in the hall outside of room [ROOM NUMBER] and was asked why the PPE was placed on room [ROOM NUMBER]'s door open to the hallway? What type of isolation was needed to enter the room? He stated, I don't know for sure; I know she came back from the hospital recently, I think. We usually don't have a sign or anything on the door. There is supposed to be a book with that in it at the nursing desk. CNA #2 was asked how he knows what PPE to use to go into the room and he stated, We just put everything on. We wear everything. 7. On 6/10/2020 at 10:52 a.m., all visible isolation room doors in the Covid-19 isolation area remained open. The barrier plastic was also opened at the walk through door between room [ROOM NUMBER] and 209. 8. On 6/10/2020 at 10:52 a.m., CNA #1 removed her surgical mask she was wearing in the COVID-19 isolation area, hung the surgical mask on the hook on the wall outside room [ROOM NUMBER] on top of an open uncovered N95 mask where the interior of the surgical mask touched the exterior of the N95 mask. She removed a different N95 mask from a separate hook and placed it on her face to enter room [ROOM NUMBER]. She moved the uncovered face shield that was hanging on one of the 3 hooks open to air and returned it to another area overlapping / touching the other masks. Registered Nurse (RN) #1 was asked if she saw any concern related to the personal protection masks on the hooks. She stated, They hang the masks and face shields there to reuse them in that room. We reuse them for one shift. That N95 on the hook is my mask. We each have our own we use. CNA #1 was asked if she saw anything that was a concern with the masks on the hook outside the room [ROOM NUMBER]? She stated, This mask is mine. I will reuse that other one I hung up when I come out of the room. She was asked if the surgical mask should be on top of another staff's used (contaminated) N95 mask and if different staff's masks should be in physical contact with another staff's used mask and reused or if that might cause possible cross contamination? CNA #1 stated, So, I need to throw the surgical mask away and get a new one then, and moved the surgical mask to an empty hook at the end of the coatrack. RN #1 stated, I didn't see her put the mask on top of mine. They are not supposed to lay on top or touch another mask we have used that is possibly contaminated. a. On 6/10/2020 at 11:05 a.m., the Infection Control Nurse, Licensed Practical Nurse (LPN) #1, was asked via phone about having a positive lab COVID-19 resident cohabitating in the same room as a negative lab COVID-19 resident, staff training and use/storage of personal protective equipment for reuse to avoid cross contamination, the use of plastic barrier on wall between isolation rooms [ROOM NUMBERS], and none outside the isolation area dividing the clean area of the hall from the isolation area of the hallway on 200. She stated, The 2</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>residents in 208A and 208B have one resident negative for COVID-19 and the other positive for COVID-19 results. They were roommates that had a cough and became symptomatic and were moved into isolation together on June 3, 2020 and put the plastic barrier up then. And the caution tape to avoid wandering residents from coming back there. I was not working the day the COVID-19 results came in, June 5th. I did work last Sunday (June 7th, 2020) in the COVID-19 isolation area doing resident care but did not address this. I am not sure why they weren't separated when the COVID-19 results came back with one positive resident. When asked if they should have been separated, she stated, I would think so. They were roommates before being moved to isolation. On the personal protective gowns and gloves and masks, the gowns are hung up and reused and masks are reused though one shift. The staff is trained to not touch the inside of the mask or to get another mask if this happens. Training was provided and flyers on putting PPE on and removing it were placed on the walls for the staff. She did not respond when asked about plastic barrier dividing clean area from isolation area instead of splitting the isolation rooms in the COVID-19 isolation area. b. On 6/10/2020 at 11:38 a.m., RN #1 and CNA #1 were asked why the plastic barrier opening for door was open and the isolation door rooms were open. CNA #1 stated, The resident in 209 has dementia and is a fall risk so I have to check on her frequently. RN #1 stated, We can't see or hear the call light on 209 if we are on the other side of the plastic barrier and she is a fall risk, so we have to check on her frequently. The Resident in 208 yells out instead of using her call light at times. The call light goes off at the nursing desk console past the end of the hallway and can't be heard back here. The plastic makes it where we can't see it if the call light is on if we are on the opposite side. c. On 6/10/2020 at 12:48 p.m., the Director of Nursing was asked if the 2 residents in room [ROOM NUMBER] with one positive and one negative COVID lab results shared the same bathroom and entryway to the bathroom. She stated, They both use the same bathroom. The plastic is moved so she can get out or others go into the room. The other resident has the curtain pulled around her bed to further isolate her. We are working on moving her now. She stated We are reusing the gowns and masks in the COVID-19 isolation area for 1 shift. Each nurse has their own N95, surgical mask, and gown with an area with their name on it. I was not aware staff was laying masks that had been used on other staffs used masks. The used PPE should not overlap or touch any other PPE. Hands should be sanitized after the PPE and gloves removed when leaving an isolation room. The used gowns should not be touching one another. d. On 6/10/2020 at 1:20 p.m., the Administrator was asked why a negative COVID-19 resident was in a semi-private room with a positive COVID-19 resident. She stated, The 2 residents were left together in isolation as they were roommates before, and they had no open rooms to make a private room at that time. A Census with open beds was provided by Administrator for 6/3/2020 through 6/10/2020. The Administrator stated, I had no rooms that did not need deep cleaning until 6/9/2020. I could have moved one of them, but thought because they were roommates, it was okay. We did put a plastic barrier between the door opening in the room. e. On 6/10/2020 at 1:28 p.m., the Director of Nursing was asked if the 2 residents in 208 with one positive and one negative COVID-19 lab results shared the same bathroom and entryway to the bathroom. She stated, They both use the same bathroom. The plastic is moved so she can get out or to let others go into the room. The other resident has the curtain pulled around her bed to further isolate her. We are working on moving her now. 9. On 6/10/2020 at 3:32 p.m., four isolation gowns were observed hung on individual hangers on the lower metal bar of the wire container holding a box of medium gloves inside the door of 209 with all isolation gowns on hangers. They were uncovered and open to air, touching each other with no coverings to separate them. RN #1 was asked about the gowns and stated, We wear these gowns for one shift and hand them up in the isolation room there to reuse them throughout the shift. Each staff has their own gown with a name to identify it. Surveyor asked RN #1 if the used gowns should be touching another possibly contaminated gown worn by another staff member in the isolation room. RN #1 stated the facility was getting them a few hooks to separate gowns and enclosed the used masks in separate containers to separate them from the other masks being reused. 10. On 6/12/2020 at 11:40 a.m., Housekeeping Staff #1 was interviewed via phone. She was asked if she recalled not discarding her used gloves when leaving a COVID-19 isolation room (room [ROOM NUMBER]) on 6/10/2020 then proceeding with same contaminated gloves on to get her cleaning cart and go into other rooms in COVID-19 isolation area. She stated, Yes. It was a mistake. They told us to discard gloves and wash our hands. I forgot, I'm sorry. I went from that room to the other isolation room to clean wearing same (contaminated) gloves. 11. The facilities' COVID-19 policy and procedure provided by the Administrator COVID Preparedness Notebook on 6/10/2020 documented, .Guidelines for Suspected or Confirmed COVID-19 . PPE are removed in a manner to prevent self-contamination; hand hygiene is performed, and new PPE are put on after each resident except as noted below .B. Hand Hygiene .i. Hand Hygiene is performed with alcohol-based hand rub. or soap and water: 1. Before and after contact with the resident, 2. Before performing an aseptic task, 3. After contact with items in the resident's room, 4. After removing PPE . Healthcare workers should treat the FFRs as though they are still contaminated and follow the precautions outlined in our reuse recommendations. 5. Label the N95 respirator and well-ventilated container with the user's name and date before using to prevent re-use by another individual. Hang used respirators in a designated storage area to minimize potential cross contamination, store respirators so that they do not touch each other. Storage containers should be disposed of or cleaned regularly. 6. Discard N95 respirators following close contact with any patient infected with an infectious disease requiring contact precautions 7. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator . B. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, Doff respirator and place in storage container then Don the next day's respirator 7. ii. DOFFING PPE- 1. Remove gloves- ensure removal does not cause additional contamination of hands . 2. Remove gown- b. If reusing gown: DON clean gloves carefully If gown is not contaminated, torn, or wet hang it in designated area (may use rolling rack, ensure gowns are covered and do not touch each other) then Doff gloves. 3. Perform hand hygiene, 4. Remove face shield or goggles . a. If re-using facemask/goggles DON gloves and adequately disinfect with sani wipe, A456 solution, or peroxide cleaner inside and then outside surfaces. Store in appropriate receptacle, b. Doff gloves and preform hand hygiene. 5. Remove and discard or store respirator (or facemask if used) TRY not to touch the front or inside of the respirator or facemask. If the inside of the mask is touched place in storage container and do not use again for this day, move to next day respirator a. DON gloves, b. FACEMASK: Carefully untie (or unhook from the ears) and pull away from face without touching the front Doff gloves and preform hand hygiene . g. Dispose in appropriate receptacle or store in designated area Store N95 respirator or facemask in a well-ventilated container (e.g., paper bag) with the name and date. 6. Perform hand hygiene after storing/Disposing the respirator/facemask. 12. The facilities Infection Control Policy and Procedure provided by the Director of Nursing on 6/10/2020 documented, Handwashing/Hand Hygiene. This facility considers hand hygiene the primary means to prevent the spread of infections. 1. All personnel shall follow the handwashing hand hygiene procedures to prevent the spread of infections to other personnel, residents . 5. Hand hygiene is the final step after removing and disposing of personal protective equipment. 6. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best preventing healthcare-associated infections Droplet precautions . h. Signs - Color coded signs will be used to alert staff of the implementation of isolation precautions, and the type or the resident requires. There will also be a sign instructing all report to the nurses' station before entering, while of the patient .</p>		