

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER POCAHONTAS HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 105 COUNTRY CLUB ROAD POCAHONTAS, AR 72455	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interviews the facility failed to ensure all persons entering the facility were promptly screened for symptoms of COVID-19 to prevent potential for infection of all residents and staff. This failed practice had the potential to affect all 51 residents residing in the facility. The findings are: a. On 6/1/2020 at 8:30 a.m., the surveyor entered the facility entrance door behind an employee that was entering the facility. The surveyor had a mask on. The employee who wore a mask held the door open for the surveyor, sanitized her hands from a wall dispenser, and then turned to go towards the nurse's station. The surveyor said, Excuse me, but can you tell me where visitors are being screened? She replied, I'm sorry but we aren't letting visitors in. Surveyor replied, I am sorry, but I work for DHS and I was needing to speak to your administrator. She replied, Stand right there and I will go and get someone. There were 2 residents sitting in the front lobby 6 feet apart or more. b. On 6/1/2020 at 8:35 a.m., the Director of Nursing (DON) came to the front lobby wearing a mask, introduced herself and asked me to have a seat to the right and she would spray the bottom of my shoes. The DON was asked, Does the facility screen everyone that enters the facility? She replied, At this time we aren't having any visitors. Every employee is screened at the nurse's desk before going to work. c. On 6/1/2020 at 8:37 a.m., the Assistant Director of Nursing (ADON) came into the Administrator's office where the Entrance Conference was being held and took the surveyor's temperature and asked a series of questions. The surveyor asked, Can you tell me the process of how the employees and visitors are screened? The ADON and Administrator replied, We have a sign on the door that covers the key pad for entry that instructs people to push the red button and someone will be right out to assist you or there is a number to call on the sign that rings to the facility and we go to the door and screen them. What about employees, Where are they screened? The ADON replied, Employees are screened at the door. We take their temperature and have them answer the series of questions. The surveyor stated, I just made it all the way through this facility without being screened up to this point. The Administrator replied, We don't normally have any visitors and you should have been screened at the door upon entry. I will definitely do some education with the staff. d. On 6/1/2020 at 8:45 a.m., residents were in the hallways in their wheelchairs, with staff monitoring the 6 feet social distancing. There were education sheets posted on the hallways explaining the Personal Protection Equipment (PPE) to use for anyone in isolation. There were signs outside of the isolation rooms that read See nurse before entering. There were 3 drawer plastic containers outside of each isolation room that contained gloves, gown, and mask to put on before entering the room. Each room had a hand sanitizer dispenser attached to the wall by their doorway leading out of the room with staff observed sanitizing hands before leaving the resident's room. An education book was at the nurses' station that had in-services for the employees with return demonstration on donning and doffing PPE, and hand washing including sign off sheets that were signed by each employee. e. On 6/1/2020 at 8:51 a.m., a housekeeper wearing a mask was asked, Where are employees screened before going to work? Replied, At the door when we enter the building, someone takes our temperature and asks us questions. If you are running a temperature you are sent home and encouraged to go and see your doctor. f. On 6/1/2020 at 9:00 a.m., a Licensed Practical Nurse, (LPN) #1 wearing a mask was asked, How is screening done for anyone entering the facility? She replied, We come in wearing our mask, we sanitize our hands, spray our shoes and go to the nurse's desk and that is where our temperature is taken and where we answer the list of questions. She was asked, If you leave the facility to go to lunch or for any other reason, do you get re-screened upon return to the facility? She replied, No. Surveyor stated, There are residents sitting in the front lobby that you walk by to get to the nurse's desk. She replied, Yes, I know, and they are at risk for anything that may be brought into this facility. g. On 6/1/2020 at 9:21 a.m., LPN #2 and Certified Nursing Assistant (CNA) #1 donned PPE to enter an isolation room. LPN #2 wearing a mask was asked, Where are you screened prior to entering the facility? She replied, At the nurse's desk. She was asked, How do you enter the facility? She replied, All employees have the code to get into the facility. We go to the nurse's desk to have our temperature taken and have the questions answered. If someone is running a temperature, they are supposed to be sent home and encouraged to go to their doctor. h. On 6/1/2020 at 9:26 a.m., CNA #1 was asked, Where are you screened upon entering the facility? She replied, At the nurse's desk. She was asked, How do you get into the facility? She replied, I put the code in on the panel of the door outside the facility. She was asked, Who has access to the code? She replied, All employees. i. On 6/1/2020 at 10:45 a.m., the Administrator, along with the DON and Nurse Consultant were in her office. She was asked, When is the screening process started? She replied, As soon as an employee walks through the door, be it, they let themselves in or staff comes and lets them in. Some will ring the bell from the outside and staff will assist them in and start the screening at the door. We take their temperature, spray their feet and have them turn in their questionnaire. If someone has a temperature, they are sent home and encouraged to be evaluated by a medical doctor. We are not allowing visitors at this time unless it is an end of life situation.</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.