

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY COMPASSION CENTER OF YELLVILLE		STREET ADDRESS, CITY, STATE, ZIP 620 NORTH PANTHER AVENUE YELLVILLE, AR 72687	
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 - Minimal harm or potential for actual harm 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 observation, record review, and interview the facility failed to ensure appropriate Personal Protective Equipment (PPE) was donned prior to entering a resident's room who was in contact isolation and Quarantine to prevent the potential for the spread of infection during a Covid-19 Pandemic for 2 (Resident #4 and #5) of 4 (Residents #1, #2, #3, #4 and #5) case mix residents who were in isolation or quarantine. This failed practice had the potential to effect 2 residents on isolation and 8 residents in Quarantine during a COVID-19 Pandemic according to a list provided by the Director of Nursing (DON) on 8/19/2020. The facility failed to ensure Licensed staff maintained facial mask covering in the presence of a resident during therapy services. This failed practice had the potential to effect 12 residents who received therapy services according to a list provided by the Administrator on 8/19/2020. The findings are: 1. Resident #4 had a [DIAGNOSES REDACTED]. The Significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/22/2020 documented the resident scored 15 (13 - 15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS). a. The August 2020 physician's orders [REDACTED]. 7/3/2020, Implement Enhanced Barrier precautions for MDRO of urine ., 7/7/2020 20:00 (8:00p.m.) . b. On 8/17/2020 at 12:52 PM, Certified Nursing Assistant (CNA) #2 was wearing a mask, put on gloves, removed a tray from the lunch cart, and went into Resident #4's room. The sign on the door documented, .Enhanced Barrier Precautions . CNA #2 sat the tray down on the over bed table, positioned the table closer to the resident, asked the resident if he needed any assistance, which he stated No. She turned, removed her gloves, disposed of them in the trash, and applied alcohol to her hands. The CNA was asked if the resident was in isolation and CNA #2 stated, Yes. CNA #2 was asked, What type of PPE is required when you go into his room? CNA #2 stated, The nurse told me I just needed to wear gloves. CNA #2 was asked, What does the sign on his door say is required? CNA #2 stated, Gown, gloves, mask, but I wasn't providing care. I just took his tray in. CNA #2 was asked, Did you adjust his table for him? CNA #2 stated, Yes. I moved it closer to him. b. On 8/17/2020 at 1:20 PM, the DON was asked, What does Enhanced Barrier Precautions mean? She stated, Basically, it's Contact Isolation. The DON was asked, What type of PPE is required when entering the room? She stated, Gown, gloves, mask. The DON was asked, Why is (Resident #4) in isolation? She stated, ESBL in his urine. The DON was asked, Should the caregivers don the appropriate PPE prior to entering his room? She stated, Yes they should. 2. Resident #5 had [DIAGNOSES REDACTED]. The most recent Quarterly MDS Assessment with an ARD of 06/03/2020 documented the resident needed supervision only with no set up required for most Activities of Daily Living (ADL) activities except for eating, personal hygiene and bathing which required set up help only. a. A hospital Patient Health Report dated 08/05/2020, documented the resident was discharged from the hospital on [DATE] after being originally admitted on [DATE] for unspecified illness and exacerbation of [MEDICAL CONDITION] disorder. b. On 08/17/2020 at 12:27 PM, CNA #1 delivered a lunch tray into Resident #5's room without donning any PPE. c. On 8/17/2020 at 3:10 PM that same afternoon, she was asked if she should have out on PPE before entering that room and she stated, Yes. d. A form titled Infection Control/Outbreak Management provided by the Administrator on 8/17/2020 at 1:39 PM documented. Newly admitted or readmitted residents should be monitored for evidence of COVID-19 for 14 days after admission . 3. On 8/18/2020 at 11:00 AM, during an observation of the Facility's Therapy Department, the Occupational Therapist (OT) was standing up in front of a resident with only an overbed table between them, without wearing a mask. Approximately 2 minutes later, the Therapy Coordinator (TC) was sitting in front of the resident with her mask pulled down below her nose and mouth, and only the overbed table separated them. a. On 8/18/2020 at 11:15 AM, the OT was asked if he was wearing a mask earlier while speaking with the resident, and he stated, No. She's not in quarantine. Then he was asked about all staff being required to wear masks in the facilities and should he have been wearing a mask and he stated, It sounds like it. b. On 8/18/2020 at 11:18 AM, the TC was asked if she should wear her mask at all times while interacting with the residents and she stated, Yes. c. On 8/19/2020 at 9:55 AM, the Occupational Therapist was sitting at the desk in the Therapy room with his mask down under his chin. At this time there was one resident in the room with him and the Therapy Coordinator. 4. Resident #3 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 7/28/2020 documented the resident scored 14 (13 - 15 indicates cognitively intact) on a BIMS and had been in Quarantine/Isolation. a. The July 2020 physician orders [REDACTED]. b. The Care Plan with a review date of 7/21/2020 documented, .requires Isolation Precautions: [MEDICAL CONDITION] ([MEDICAL CONDITION]-resistant Staphylococcus Aureus) in my wound to my Coccyx. I now continue on contact Isolation for rare bacteria Acinetobacter Bamanii continue to use contact standard precautions . 4. On 8/19/2020 at 2:10 PM, CNA #3 and #4 entered Resident #2's room who was on Isolation and Quarantine without the appropriate PPE. They only had on a mask. When asked about wearing appropriate PPE for isolation/Quarantine CNA #3 stated, I just walked in to ask a question. CNA #3 and CNA #4 were asked, Should you have donned PPE prior to entering the room? CNA #3 stated, Yes. CNA #4 was asked about entering the isolation/Quarantine room without appropriate PPE. CNA #4 stated, Yes. I guess I should have put PPE on. CNA #3 and CNA #4 were asked, Were you trained to don PPE prior to entering an isolation/Quarantine room? CNA #4 stated, Yes. I guess. 5. An In-service documented .Date: 5/6/20, .Mask, . Policy: The facility will strive to ensure that PPE, mask is worn appropriately and is the appropriate type of masks in order to protect residents and staff to the extent possible before and during a potential infectious situation The facility uses a systematic approach to maintain proper infection control practices by ensuring PPE is utilized properly daily, as required HCP (health care provider) should be aware that [MEDICAL CONDITION] is thought to be spread mainly from person to person. [MEDICAL CONDITION] can be spread even when individuals are asymptomatic. 6. A form titled Transmission Precautions-Contact Policy provided by the DON on 8/19/2020 at 8:30 a.m. documented, .The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections . In addition to standard precautions, Contact Precautions may be indicated for residents known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the resident, or indirect contact (touching) with environmental surfaces or resident care items in the resident's environment . 7. An in-Service dated 3/1/2020 documented, .All staff are to utilize PPE when entering isolation rooms, it does not matter why you are going into the room . 8. A form Isolation Precautions dated 6-19 (2020) and provided by the Administrator documented, .To provide guidance for isolation precautions when residents have or are suspected to have an infectious or communicable disease. The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections ., Maintain isolation precautions until no longer indicated . 9. On 8/20/2020 at 9:39 AM, the DON was asked, Do you expect your staff to wear PPE when entering an isolation or Quarantine room? She stated, Yes. I do. The DON was asked, Do you expect therapy staff to wear masks when interacting with residents?</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.