

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAGNOLIA HEALTHCARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2642 NORTH DUDNEY ROAD MAGNOLIA, AR 71753</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 - 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 interview, the facility failed to ensure infection control measures were consistently implemented to minimize the potential for the spread of disease/COVID-19 as evidenced by: Failure to maintain social distancing of 6 feet between residents eating in the dining room on the secured unit and/or serve the residents in their rooms for 12 (Residents #1 thru #12) residents on the secured unit. Failure to maintain social distancing of 6 feet between residents eating in the assist/Bistro dining room and/or serve the residents in their rooms for 9 (Residents #13 thru #21) of 9 residents who received their meals in the assist/Bistro dining room. Failure to ensure staff followed universal precautions and sanitized or washed hands before and after direct resident care when residents were assisted with eating for 2 (Residents #20 and #21) of 6 (Residents #13, #15, #18, #19 #20 and #21) case mix residents who were totally dependent for eating and dined in the assisted/Bistro dining room. These failed practices had the potential to affect 14 residents who ate meals on the secured 200 Hall unit as documented on the Resident Census dated 5/26/20, 9 residents who ate meals in the assist/Bistro dining room and 6 residents who were dependent on staff for eating in the assist/Bistro dining room as documented on a revised list provided by the Administrator on 6/3/20. The findings are:</p> <p>1. An in-service dated 3/18/20, titled Covid-19 provided by the Administrator on 5/26/20 documented, Practice social distancing . 2. A form titled, In-service Training Report dated 3/18/20 documented, Employee group present: All Topic COVID-19 . Practice Social distancing READ All Attached Memo .(Attachment) Due to new updates from CMS (Center for Medicare and Medicaid Services) and CDC (Center for Disease Control) the following directives were discussed and implemented: .No communal meal services (long tables of diners)-Independent residents should eat in their rooms. Recommend to set 2 residents (ones requiring assist) to a table to practice social distancing therefore staff will be able to manage . 3. Resident #1 through Resident #12 resided on the secure unit. a. On 5/26/20 at 12:25 PM, in the 200 Hall secured unit there were 4 tables in the dining area. Two of these tables had 4 residents seated at each one, and two tables had 2 residents seated at each table. There was approximately 1.5 to 2 feet between the residents at each table. b. On 5/26/20 at 4:45 PM., the Administrator was asked if the residents were distanced for dining in the secure unit, and she replied, Their tables have been spread out and it is sometimes hard when they sit down and get up and down. c. On 5/28/20 at 1:30 PM, Licensed Practical Nurse (LPN) #1 was asked how far apart is considered social distancing, and she stated, (The) standard is 6 feet apart. She was then asked if the facility had been successful during dining activities, and she stated, Yes, we are not going in main dining room at all. She was asked about the 200-hall secured unit and she replied, We've put the tables out to the corner (corners of dining room) and put 1 person at a table, and those that can feed themselves eat in their room. She was asked when they started this and she stated, We started yesterday (5/27/20) actually. d. On 5/28/20 at 2:00 PM, Certified Nursing Assistant (CNA) # 1 was asked about the dining arrangements for the 200 Hall secured unit, and stated, Just by trying to keep (them) apart. We just try to do the best we can. We've changed the way we serve them yesterday. She was asked if she had been trained on how far resident should be distanced and she stated, Yes, 6 feet apart. e. On 5/29/20 at 9:05 AM, the Director of Nursing (DON) was asked about the lack of distancing in the secured unit and she stated, We have brainstormed something different for the unit. Those who can eat in (their) rooms will eat in their rooms. We measured out on (the) floor to ensure (distance of) 6 feet apart, moved table to each corner, and added bedside tables . 3. Resident #13 through Resident #21 dined in the Assist/Bistro dining room for assistance with eating. a. On 5/26/20 at 12:10 p.m., in the Assist/Bistro dining room there were 3 tables with a total of 9 residents seated in the dining room. One table had 4 residents seated in wheelchairs or geri-chairs next to each other, 1 table had 3 residents seated in wheelchairs next to each other, and 1 table with 2 residents seated approximately 2 feet apart. The residents seated at 2 of the tables were side by side with each of the wheelchairs or geri-chairs touching. The residents were not spaced or distanced apart. Certified Nursing Assistants (CNAs) #2, #3, and #4 were masked and seated at 2 of the tables next to the residents. b. On 5/26/20 at 12:29 p.m., the DON entered the Assist/Bistro dining room from the 400 Hall door, walked through the dining room then out of the door that exited into the main dining room. The DON had not instructed nor intervened to have staff distance residents or were to be distanced. The DON stated, The exceptions that we have been told are that if assist and dependent feeders can be in the Bistro (assist dining room). Everyone else has to be in their room. The DON was asked when residents are in the assist dining room if the residents were to be spaced at least 6 feet apart and stated, Yes they should be spaced apart. The DON was asked how far apart residents should be spaced and stated, Six feet minimum. The DON was then asked if the residents were spaced apart and she stated, No they are not. d. On 5/28/20 at 2:36 p.m., CNA #2 was asked if had been instructed or trained that residents should not dine together, not to have communal dining as a close group. The CNA stated, Well we were notified to separate but not enough space in Bistro (Assist dining room) but we're putting 2 to table now 6 feet apart. One on each end of table in the Bistro. If others left taking them out to dining room (main dining room), one to table. This has been corrected. CNA #2 was asked if had been in-serviced recently on distancing residents apart. The CNA stated, The same day you (surveyor) were here, how we were supposed to go about it that same day. e. On 5/28/20 at 3:05 p.m., CNA #3 was asked if had been instructed or trained that residents should not dine close together as a group. The CNA stated, Yes they told us we couldn't have them in the dining room, but we could have them in the Bistro (Assist dining room). CNA #3 was asked if the residents were spaced apart at noon meal on 5/26/20 and the CNA stated, No. Round table 4 (residents) and have 2 at long table. The CNA was asked if the residents were spaced at least 6 feet apart and the CNA stated, No. CNA #3 was asked if had been in-serviced on distancing residents when dining and the CNA stated, After meal, yes told us about social distance. The CNA was asked if residents were to be distanced in the assist dining room and the CNA stated, Not in the bistro. f. On 5/28/20 at 3:15 p.m., CNA #4 was asked if the residents in the assist dining room for the noon meal on 5/26/20 had been spaced at least 6 feet apart. The CNA stated, No. The CNA was asked why the residents were not spaced apart on 5/26/20 and the CNA stated, Because we were not having enough room in the bistro. CNA #4 was asked why residents were in the assist (bistro) dining room for the noon meal on 5/26/20 and the CNA stated, The residents have to be assisted, have to be fed. 4. Resident #20 had [DIAGNOSES REDACTED]. a. On 5/26/20 at 12:27 p.m., CNA #2 was seated between Resident #20 and Resident #21 in the assisted/bistro dining room. The CNA spoon-fed Resident #20, laid spoon down, assisted Resident #21 then turned to assist Resident #20 with eating without sanitizing hands. A hand gel sanitizer dispenser was located on the wall of the assist dining room. b. On 5/28/20 at 2:36 p.m., CNA #2 was asked if hands should be sanitized between feeding residents and the CNA stated, Yes. The CNA was asked if had sanitized hands on 5/26/20 during the noon meal service in the assisted dining room. The CNA stated, I did have it, bottle of sanitizer but I didn't have it on me. 5. Resident #21 had [DIAGNOSES REDACTED]. a. On 5/26/20 at 12:28 p.m., CNA #2 stopped spoon-feeding Resident #20, laid the spoon down, turned to Resident #21, picked up a spoon, and began feeding the resident without sanitizing hands. At 12:30 p.m., the CNA laid the spoon down, turned to Resident #21 and began feeding</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>that resident. b. On 5/28/20 at 4:30 p.m., the Administrator was asked if residents can dine together and stated, Not supposed to. The only people who are together are those people who need assistance. The Administrator was asked if residents are eating in the same room together, should they be spaced apart and stated, They should. The Administrator was asked if residents should be seated together with wheelchair or chairs touching together and stated, No. The Administrator was asked if staff should go from one resident to another when assisting with feeding without sanitizing hands and stated, They should not move to another without proper hand hygiene. The Administrator was asked if staff had been in-serviced on spacing and how far apart and stated, We've said practice social distancing. 6. The facility policy and procedure received from the Administrator on 5/26/20 documented, Clinical Management Policy Hand Hygiene . Policy: The facility strives to promote a healthy environment by meeting the personal care needs of the residents, as indicated. Procedure: Staff practices standard precautions (e.g. (for example), hand hygiene .). Appropriate hand hygiene practices are followed: Hand sanitizer is readily accessible and placed in appropriate locations. These may include: .In individual pocket-sized containers by healthcare personnel; Staff workstations; and Other convenient locations. .Staff perform hand hygiene (even if gloves are used) in the following situations: Before and after contact with the resident .</p>		