STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045203	A. BUILDING _____ B. WING _____	09/08/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BATESVILLE HEALTHCARE LLC	1975 WHITE DRIVE BATESVILLE, AR 72501

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	**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 hands were sanitized between delivering meal trays to residents during a COVID -19 Pandemic to prevent the potential for spread of infection; the facility failed to ensure appropriate personal protective equipment was donned prior to entering a Quarantined resident's room; the facility failed to ensure Quarantine and COVID-19 positive care givers did not cross contaminate meal trays during a COVID-19 Pandemic to prevent the potential spread of disease and infection. These failed practices had the potential to affect 3 residents who were in Quarantine, and 45 non-isolated residents who resided in the facility, according to a list provided by the Administrator on 9/8/2020. The findings are; 1. On 9/3/2020 at 12:09 p.m., Certified Nursing Assistant (CNA) #1 was taking a tray from the meal cart into room [ROOM NUMBER] on the 300 Hall. CNA #1 placed the tray on the resident's over-the-bed table, adjusted the table for the resident, assisted the resident with set-up of the tray, returned to the meal cart, and picked up another tray. b. On 9/3/2020 at 12:11 p.m., CNA #1 walked into room [ROOM NUMBER], set the tray down, adjusted the table for the resident, walked back out to the tray cart. She picked up another tray, this one for the roommate to room [ROOM NUMBER]. She provided the same assistance with his meal and returned to the tray cart. CNA #1 did not sanitize her hands between the trays and resident assistance. c. On 9/3/2020 at 12:15 p.m., CNA #1 walked back to the meal cart and started to pick up another tray. She was asked if she needed sanitizer and was given some from a co-worker. CNA #1 picked up a tray and proceeded to room [ROOM NUMBER] and set up the tray for the resident. CNA #1 returned to the tray cart, picked up another tray, and went back into room [ROOM NUMBER] to deliver the meal tray for the other resident. She set up the tray for the resident. No hand sanitizer was used for that room or the next room, room [ROOM NUMBER]. d. On 9/3/2020 at 12:19 p.m., CNA #1 was asked if it was normal procedure to sanitize her hands between trays? CNA #1 stated, Yes, it is. She was asked, Why didn't you sanitize between the trays? CNA #1 stated, I just forgot. She was asked, Do you have sanitizer available? In response, CNA #1 pulled a container of hand sanitizer from her pocket. She was asked, Why didn't you use it? CNA #1 shrugged. e. On 9/3/2020 at 12:25 p.m., CNA #4 removed a meal tray from the tray cart and entered room [ROOM NUMBER]. She set the tray down on the over-the-bed table. She moved the table closer to the resident and assisted the resident with the tray set up. No hand sanitizer was used on her hands after assisting this resident. CNA #4 returned to the tray cart, picked up another tray, and proceeded to room [ROOM NUMBER]. f. On 9/3/2020 at 1:03 p.m., the noon meal was delivered to the Quarantined / COVID Positive Hall, 200 Hall. Hospitality Aide #1 was on the Quarantined side of the COVID-19 Positive Hall. She was holding a Styrofoam tray, ready to hand it over to the CNA (Certified Nursing Assistant), CNA #2, who was donning personal protective equipment (PPE) to enter room [ROOM NUMBER]. She turned and handed the tray to the dedicated Registered Nurse (RN) for the COVID Hall, RN #1. After assisting CNA #2 with the ties on her gown, Hospitality Aide #1 retrieved the tray from RN #1, turned and handed it to staff inside of room [ROOM NUMBER]. g. On 9/3/2020 at 1:05 p.m., Hospitality Aide #1 retrieved 2 drinks from the tray cart, turned and entered Quarantine room [ROOM NUMBER]. The resident was in Droplet Precautions and Hospitality Aide #1 entered the room with only a mask and gown on. She exited the room and took another drink into Quarantine room [ROOM NUMBER] without changing her gown, sanitizing her hands, or donning the appropriate PPE. According to the sign posted on the door for Droplet Isolation, gown, goggles / face shield, mask, and gloves were required prior to entry into the room. Hospitality Aide #1 was asked what type of isolation the Quarantined residents were in. She stated, I think it's Droplet. She was asked, But you're not sure? She stated, It's on the door. It's Droplet Isolation. She was asked, What type of PPE are you instructed to wear when you enter a Droplet Isolation room? She stated while reading the signage posted, Gown, gloves, mask, shield or goggles. She was asked, Do you have the appropriate PPE available for use? She stated, Yes, it's right there. She pointed to the PPE cart next to the room. She was asked, Why didn't you don the appropriate PPE prior to entering the residents' rooms? She stated, I don't know. h. On 9/3/2020 at 1:17 p.m., RN #1 was asked if she was the dedicated nurse for the COVID-19 Positive end of 200 Hall. She stated, Yes, I am She was asked, When the Hospitality Aide handed you the tray, should you have taken it? She stated, No, but I didn't know what else to do. She just handed it to me. She was asked, Since you took the tray, should it have gone into the Quarantine Room? She stated, No, really it shouldn't. She was asked, Why didn't you say something when the Hospitality Aide took it back and handed it off to be set up for the resident? She stated, I don't know. I didn't think about it. She was asked, Is there a potential for cross contamination? She stated, Yes. i. On 9/3/2020 at 1:30 p.m., the Administrator was asked if staff were to sanitize their hands between trays and / or assisting residents with their meals. She stated, Yes, they know better. She was asked, What type of isolation are the Quarantined residents in? She stated, Droplet, I'm pretty sure. She was asked, With Droplet isolation, what is the appropriate PPE to wear prior to entering the resident's room? She stated, With all of the Quarantined residents, they are to wear gown, gloves, mask, and shield. She was asked, Are the Hospitality Aides trained regarding appropriate PPE to wear into isolation rooms? She stated, Yes, everyone is trained to wear the appropriate PPE. She was asked, Should the dedicated staff for the COVID-19 Positive residents be handling any of the Quarantine residents' food trays? She stated, Definitely not. She was asked, Is there a potential for cross contamination? She stated, Yes. j. The facility policy titled Hand Hygiene provided by the Administrator on 9/8/2020 at 10:49 a.m. documented, .The facility strives to promote a healthy environment by meeting the personal care needs of the residents . Staff practices standard precautions (.hand hygiene and the appropriate use of personal protective equipment (PPE) . Appropriate hand hygiene practices are followed . Before and after contact with the resident . after removing personal protective equipment . k. The facility policy titled Isolation Precautions provided by the Administrator on 9/8/2020 at 10:49 a.m. 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 .

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.