

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF MOUNTAIN VIEW, LLC		STREET ADDRESS, CITY, STATE, ZIP 706 OAK GROVE ST MOUNTAIN VIEW, AR 72560	
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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff disinfected reusable medical equipment with approved and recommended disinfecting agents after use while on the COVID 19 Unit; and Biohazard was contained and stored to prevent exposure and possible spread of COVID-19 and other infectious diseases. These failed practices had the potential to affect 25 residents who resided on the COVID-19 Unit, according to a list provided by the Administrator on 9/8/2020, and staff members and or visitors who worked on the COVID-19 Unit and or had access to the Biohazard Storage building. The findings are: 1. On 9/8/2020 at 10:46 am, Surveyors made entrance inside the RED ZONE (COVID-19 Unit). There was a plastic barrier between the hall and the foyer. The plastic barrier had a hole in the plastic. The Director of Nursing (DON) greeted the Surveyors. On 9/8/2020 at 10:52 am, the DON was asked, Should the plastic barrier be ripped? The DON stated, It's just a barrier. We have to separate clean from the dirty. 2. On 9/8/2020 at 10:47 am, the DON used a touch/scan thermometer, and scanned the Surveyor forehead. The DON removed a wipe from a package labeled ProCare Large Adult Washcloths, and wiped the round end of the touch/scan thermometer that was used on the Surveyor's forehead, then disposed of cloth. The DON did not use alcohol or disinfectant to clean the thermometer. There were no supplies available for disinfecting at that time. A photograph of the thermometer and the disinfecting wipes were taken at this time. 3. On 9/8/2020 at 12:47 pm, Certified Nursing Assistant (CNA) #1 was asked, CNA #1 stated, We have the ones that touch the forehead, and it should be wiped down with Clorox wipes, wait 4 minutes, and if it dries before 4 minutes, then I wipe down again. CNA #1 was asked, Would not disinfecting a touch/scan thermometer be considered an infection control issue? CNA #1 stated, It would. 4. On 9/8/2020 at 12:59 pm, in the Biohazard Storage Building there was a strong, pungent odor coming from the Biohazard shed. The Maintenance Director (MD) #1 was present. MD #1 opened the Biohazard shed door and bags of Biohazard were piled on top of one another and not contained. MD #1 stated, I know it's not supposed to be like this, we need boxes, we went from 5-7 sacks a week to 8-10 bags a day. MD #1 was asked, How often is the Biohazard picked up? MD #1 stated, They come once a month, and have been for a year or two. I called them this morning and told them we had run out of boxes. MD #1 was asked, When did the Biohazard increase? MD #1 stated, The increase started a couple of weeks ago. MD #1 was asked, Can you provide the invoices for the past 120 days when the Biohazard was picked up? MD #1 stated, Yes. They give us invoices every time they pick up. MD #1 stated, Yes. MD #1 was asked, Would the Biohazard not contained and stored properly, be considered an infection control issue? MD #1 stated, Yes, but we ran out of boxes. Photographs of the uncontained and stored Biohazard bags in the storage building were taken at this time. 5. On 9/8/2020 at 1:54 pm, Maintenance Director #1 provided a written statement regarding the telephone call to the Biohazard Company. The MD #1 did not provide the last 120 days of Biohazard pick up invoices. 6. On 9/8/2020 at 2:07 pm, the Administrator was asked, The Administrator was asked, Would using an Adult Disposable washcloth after using a touch/scan thermometer be properly disinfected? The Administrator stated, No. The Administrator was asked, When should the touch/scan thermometer be disinfected and with what? The Administrator replied, With alcohol. The Administrator was asked, Would that be considered an infection control issue? The Administrator stated, Yes. The Administrator was asked, Should the Biohazard be stored in bags in the Biohazard shed? The Administrator stated, No. It shouldn't be stored like that, it should be in boxes. The Administrator was asked, Would not storing the Biohazard bags in boxes and contained be considered an infection control issue? The Administrator stated, Not in the building. 7. On 9/9/2020 at 12:50 pm, a telephone call was placed to the Administrator. The Administrator was asked for a list of the Biohazard Invoices for the last 120 days, and other documents. At 2:22 pm, the Administrator emailed requested documents. There were no invoices for Biohazard pickup for the last 120 days.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.