STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045218	A. BUILDING _____ B. WING _____	08/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GASSVILLE THERAPY AND LIVING	203 COTTER ROAD GASSVILLE, AR 72635

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 0677 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 136) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure residents' fingernails were cleaned and trimmed to promote good personal hygiene and grooming for 2 (Residents #4 and #1) of 6 (Residents #1, #2, #3, #4, #5, and #6) case mix residents who were dependent for nail care; the facility also failed to ensure bathing services were regularly provided to maintain good personal hygiene for 3 (Residents #6, #5, and #2) of 6 (Residents #1, #2, #3, #4, #5 and #6) case mix residents who were dependent for bathing. These failed practices had the potential to affect 39 residents who were dependent for nail care, as documented on a list provided by the Administrator on 8/13/2020 and 68 residents who were dependent for bathing / showers, according to a list provided by the Administrator on 8/14/2020. The findings are: 1. Resident #4 had a [DIAGNOSES REDACTED]. personal hygiene. a. The Care Plan dated 4/7/2020 documented, .(Resident #4) has an ADL (activities of daily living) self-care performance deficit r/t (related to) impaired mobility, unsteadiness with impaired standing balance, Dementia . Check nail length and trim and clean on bath day and as necessary . b. On 8/10/2020 at 12:16 p.m., and at 2:40 p.m., the resident was lying in a low bed on her left side. The resident's right hand / fingers were visible. The resident's fingernail tips were approximately 1/8 to 1/4 inches long and had a brown substance under the tips of the fingernails. c. On 8/11/2020 at 2:55 p.m., Licensed Practical Nurse (LPN) #2 was asked, Who does the residents' fingernails? She stated, If they are Diabetic, the nurses do her nails, if Non-Diabetic, the CNAs (Certified Nursing Assistants) or the Activity director. She was asked, When does the nurse or CNA do the residents' nails? She stated, As needed and on shower days. She was asked, Who ensures that the CNAs are performing nail care as needed and on shower days. LPN #2 stated, We do, the nurses. LPN #2 accompanied the surveyor to the resident's room. She was asked, What is that brown substance under her fingernail tips? She stated, I believe it's food. She was asked, Do the resident's fingernails need to be cleaned? She stated, Yes. I will get that taken care of right away. 2. Resident #1 had [DIAGNOSES REDACTED]. The Annual MDS with an ARD of 5/6/2020 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status; required extensive two-person assistance for bed mobility, transfer, dressing, toilet use, and personal hygiene; and required extensive one-person assistance for eating and bathing. a. The Care Plan dated 4/24/2020 documented, .(Resident #1) has an ADL (activities of daily living) self-care performance deficit r/t (related to) impaired mobility, cognitive impairments . Bathing / Showering . Check nail length and trim and clean on bath day and as necessary . Report any changes to the nurse . b. On 8/11/2020 at 11:21 a.m., Resident #1 was sitting in a geri-chair. The resident's fingernails were short on her left hand, but her right-hand fingernail tips were -inch long and had a brown substance under the fingertips. c. On 8/11/2020 at 3:00 p.m., LPN #2 accompanied the surveyors to the resident's room. LPN #2 was asked if she would look at resident's fingernails. She was asked, What is that brown substance under her fingernail tips? LPN #2 stated, I believe it's food. She eats with her hands. She was asked, Do the resident's fingernails need to be cleaned? She stated, Yes. I will get that taken care of right away. 3. Resident #6 had [DIAGNOSES REDACTED]. The Modified Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/2020 documented the resident scored 13 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; required extensive two-person assistance for bed mobility, transfers, toilet use, and personal hygiene; and required extensive one-person assistance for dressing and bathing. a. The Care Plan dated 5/4/2020 documented, .(Resident #6) has an ADL (activities of daily living) self-care performance deficit r/t (related to) Dementia . Bathing / Showering . The resident requires extensive assist (assistance) (times) 1 staff with bathing . b. The Braden Scale for Predicting Pressure Sore Risk dated 6/30/2020 documented, .At Risk . Score . 17 . Degree to which skin is exposed to moisture . Moisture . Occasionally Moist . Skin is occasionally moist, requiring an extra linen change approximately once a day . Friction and Shear . Potential Problem . Moves feebly or requires minimum assistance . During a move skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down . c. The facility Activities of Daily Living Bathing List for the resident's baths /showers dated July 14, 2020 through August 11, 2020 documented: .The Week of 7/12/2020 through 7/18/2020 . 7/14/2020 . Tuesday .Shower . 7/16/2020 . Thursday . Not Applicable . 7/18/2020 . Saturday . Shower . The Week of 7/19/2020 through 7/25/2020 . 7/21/2020 . Tuesday . Not Applicable . 7/23/2020 . Thursday . Shower . The Week of 7/26/2020 through 8/1/2020 . 7/28/2020 . Tuesday . Shower . 7/31/2020 . Friday . Not Applicable . The Week of 8/2/2020 through 8/8/2020 . 8/3/2020 . Monday . Shower . 8/4/2020 . Tuesday . Not Applicable . 8/6/2020 . Thursday . Shower . 8/7/2020 . Friday . Not Applicable . The Week of 8/9/2020 through 8/15/2020 . 8/11/2020 . Tuesday . Shower . d. On 8/12/2020 at 9:38 a.m., Certified Nursing Assistant (CNA) #10 was asked, How often do residents get showers? She stated, Twice a week. They are done on the first and second shift. She was asked, What if a resident refuses a shower? She stated, We attempt again. If they still refuse, we will attempt the next day. She was asked, Has anyone ever complained to you about not getting a shower? She stated, No. She was asked, What does 'NA' mean on the Shower bath sheet? She stated, Not applicable. It means the resident did not get their shower that day. e. On 8/12/2020 at 2:40 p.m., a Resident Group Meeting was conducted. Resident #6 was asked, Do you receive showers as scheduled? He stated, Not for the last several weeks. The resident was asked, Do you ever go greater than a week without a shower? The resident stated, I got a bath last night and it had been 2 to 3 weeks since I had a shower. 4. Resident #5 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/8/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; required total one-person assistance for bathing; required extensive two-person assistance for bed mobility, transfer, dressing and toilet use; and required extensive one-person assistance for locomotion and personal hygiene. a. The Care Plan dated 2/28/2020 documented, .(Resident #5) has an ADL (activities of daily living) self-care performance deficit r/t (related to) [MEDICAL CONDITION] and fracture to right femur . Bathing / Showering . Check nail length and trim and clean on bath day and as necessary . The resident is totally dependent by 1 staff with bathing 2 times a week and as necessary . The resident requires extensive assistance by 1 staff with personal hygiene . b. The Braden Scale for Predicting Pressure Sore Risk dated 7/6/ 0 documented, .High Risk . Score . 10 . Moisture . Very Moist . Skin is often moist, requiring an extra linen change approximately once a day . Friction and Shear . Potential Problem . Moves feebly or requires moderate assistance to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance . c. The facility Activities of Daily Living Bathing List for the resident's baths /showers dated July 14, 2020 through August 10, 2020 documented, .The Week of 7/16/2020 through 7/17/2020 . 7/16/2020 . Thursday . Not Applicable . 7/17/2020 . Friday . Bed Bath . The Week of 7/20/2020 through 7/23/2020 . 7/20/2020 . Monday . Not Applicable . 7/23/2020 . Thursday . Bed Bath . The Week of 7/27/2020 through 7/30/2020 .

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045218	A. BUILDING _____ B. WING _____	08/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GASSVILLE THERAPY AND LIVING	203 COTTER ROAD GASSVILLE, AR 72635

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 0677 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) 7/27/2020 . Monday . Shower . 7/30/2020 . Thursday . Shower . The Week of 8/3/2020 through 8/6/2020 . 8/3/2020 . Monday . Shower . 8/6/2020 . Thursday . Shower . The Week of 8/9/2020 through 8/10/2020 . 8/10/2020 . Monday . Not Applicable . d. On 8/12/2020 at 2:40 p.m., a Resident Group Meeting was conducted. Resident #5 was asked, Do you receive showers as scheduled? She stated, Sometimes. If there are not enough aides, they may give you wipes or wipe you down. She was asked, Do you ever go greater than a week without a shower? The resident stated, I got one last Thursday. Monday I was supposed to get one and didn't. They were too busy and said they would get me Tuesday. Tuesday, they came and said they wanted to do it Wednesday. Well, it is after 3:00 p.m. and no shower. I went 10 days without one until my son called and threatened to pull me out of here. 5. Resident #2 had [DIAGNOSES REDACTED]. A Significant Change Minimum Data Set with an Assessment Reference Date of 8/5/2020 documented the resident scored 4 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status; required extensive two-person assistance with bed mobility and toilet use; required extensive one-person assistance with dressing, personal hygiene, and locomotion on and off the unit; was totally dependent with transfers and bathing; had a Stage 3 pressure wound and was receiving hospice care. a. The Care Plan with a revised date of 5/19/2020 documented, . has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) weakness . functional deficits . Dx (Diagnosis) Arthritis, History of Right Femur Fracture . Will maintain current level of function through the review date . Bathing / Showering . The resident requires physical help with bathing activity with assist of one staff for showers / shampoo twice a week and as needed . b. The facility Activities of Daily Living Bathing List for the resident's baths /showers dated July 13, 2020 through August 10, 2020 provided by the Nurse Consultant on 8/11/2020 documented the following: The Week of 7/12/2020 through 7/18/2020 . Resident received a shower on 7/13/2020 and 7/16/2020 . The Week of 7/19/2020 through 7/25/2020 . Resident received a shower on 7/20/2020 and a bed bath on 7/23/2020 . The Week of 7/26/2020 through 8/1/2020 . Resident received a bed bath on 7/27/2020, N/A (Not applicable) on 7/30/2020, and a shower on 7/31/2020 . The Week of 8/2/2020 through 8/8/2020 . Resident received an N/A on 8/3/2020 and a shower on 8/6/2020 . The Week of 8/9/2020 through 8/15/2020 . Resident received an N/A on 8/10/2020. c. On 8/10/2020 at 10:10 a.m., CNA #1 was asked, How often are residents bathed / showered? CNA #1 stated, One resident only wants a shower once a week on Friday, two residents have Hospice, and one resident receives a shower, and the other bed baths due to declining condition. The right side of the hall is done on Monday and Wednesday, half of the left side is done on Tuesday and Thursday, and the other half on Wednesday and Friday. If we don't get them done, then evening shift tries, or we do them on another day. CNA #1 was asked, Where do you document baths / showers? CNA 1 stated, We have a bath book and I also put it in (computer program). d. On 8/11/2020 at 9:35 a.m., CNA #4 was asked, How often are residents on this hall bathed / showered? CNA #4 stated, They are taken to the shower room twice a week. CNA #4 was asked, Where is that documented? CNA 4 stated, In (computer program). CNA #4 was asked, How do you know who was showered? CNA #4 stated, It is passed down in report. e. On 8/12/2020 at 4:13 p.m., the Administrator was asked, What does 'N/A' mean on the Resident Bathing Schedule? The Administrator stated, The CNAs are going through too fast hitting it to move on to the next screen. f. On 8/12/2020 at 4:20 p.m., CNA #7 was asked, What does 'N/A' mean on the Resident Bathing Schedule? CNA #7 stated, We use that if we didn't give that resident a shower, otherwise we have to chart it. On 8/12/2020 at 4:25 p.m., CNA #8 was asked, What does 'N/A' mean on the Resident Bathing Schedule? CNA #8 stated, I do not know what that means. On 8/12/2020 at 4:26 p.m., CNA #9 was asked, What does 'N/A' mean on the Resident Bathing Schedule? CNA #9 stated, 'N/A' means not given a shower. g. On 8/13/2020 at 2:13 p.m., the Director of Nursing (DON) was asked, Who does the resident's nails? She stated, The CNAs. If they are Diabetic, the nurses or the Treatment Nurse does them. She was asked, When do the residents receive nail care? The DON stated, On their shower days and as needed. She was asked, Who is responsible to ensure nail care is completed on shower days and as needed? The DON stated, The Charge / Hall or the Treatment Nurse. She was asked, How often are residents scheduled to have a shower? She stated, Twice a week, and as needed. She was asked, When do the residents receive a shower? She stated, On Monday thru Saturday. Sunday is as needed or make-up day for showers. They are done on the first and second shift. She was asked, What if a resident refused? She stated, We attempt at a later time or try the next day. She was asked, Who is responsible to ensure the showers are completed as scheduled? The DON stated, The Charge / Hall Nurse. She was asked, Has a resident ever gone without a shower for a week? She stated, Yes, I believe so. She was asked, Why? She stated, I can't recall. h. The facility policy titled Fingernails / Toenails provided by the Administrator on 8/13/2020 at 9:53 a.m. documented, .The purposes of this procedures are to clean the nail bed, to keep nails trimmed, and to prevent infections . Nail care includes daily cleaning and regular trimming . i. The facility policy titled Bath, Shower / Tub provided by the Administrator on 8/13/2020 at 9:53 a.m. documented, .The purposes of this procedure are to promote cleanliness, provide comfort to the resident, and to observe the condition of the resident's skin . Documentation . If the resident refused the shower / tub bath, the reason(s) why and the intervention taken . Reporting . Notify the supervisor if the resident refuses the shower / tub bath .
F 0690 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 175) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure gloves were changed between clean and dirty tasks and / or hand hygiene was conducted during perineal/catheter care for 1 (Resident #2) of 6 (Residents #1, #2, #3, #4, #5, and #6) sampled residents who required catheter care and perineal care. This failed practice had the potential to affect 8 residents who required catheter care and perineal care, according to the Resident Census and Conditions of Residents form dated 8/10/2020. The findings are: Resident 2 had [DIAGNOSES REDACTED]. A Significant Change Minimum Data Set with an Assessment Reference Date (ARD) of 8/5/2020 documented the resident scored 4 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status' required extensive two-person assistance with bed mobility and toilet use; required extensive one-person assistance with personal hygiene; was totally dependent with transfers and bathing; had a Stage 3 pressure wound; and had an indwelling urinary catheter. a. A Care Plan with a revised date of 4/10/2020 documented, .Has potential for pressure ulcer development r/t (related to) limited mobility, urinary and bowel incontinence, does not ambulate . Staff reeducated by Treatment Nurse on the proper way to place and remove briefs . Is at risk for skin breakdown r/t Dementia, the need for assist with all ADLs (activities of daily living) and incontinence . Has bowel and bladder incontinence and is at risk for skin breakdown and UTI (Urinary Tract Infection) . Incontinent . Check every two hours and as needed for incontinence . b. A physician's orders [REDACTED].Provide catheter care with soap and water or peri-wipes every shift and as needed every shift . c. On 8/11/2020 at 10:25 a.m., Certified Nursing Assistant (CNA) #5 and CNA #6 donned Personal Protective Equipment (PPE). There was no hand hygiene performed. The CNAs entered the resident's room to perform catheter care and perineal care for the resident. CNA #5 set up supplies preparing for procedure. The resident stated, I'm scared. CNA #6 calmed resident prior to procedure beginning. CNA #5 unfastened the resident's brief and lowered the front of the brief. CNA #5 began to wipe the resident with a clean wipe across the suprapubic area and disposed of the wipe. CNA #5 wiped down the groin and disposed of the wipe, obtained a new wipe, wiped down the other side of groin, and disposed of the wipe. CNA #5 changed gloves but did not perform hand hygiene. CNA #5 cleaned the center vaginal area from front to back with a wipe sprayed with cleanser and disposed of the wipe. The CNA did not change gloves and did not perform hand hygiene prior to touching the catheter tubing. CNA #5 cleaned the resident's catheter tubing with a wipe and disposed of the wipe twice. After completing the catheter care, CNA #5 changed her gloves and performed hand hygiene. The resident was rolled to her left side, then to the right side by CNAs #5 and #6 for positioning for continued peri-care. The resident had a Stage 3 pressure wound on her sacrum. There was no dressing covering the wound. CNA #5 used a clean wipe across the resident's lower back and disposed of wipe. CNA #5 wiped upward at the center gluteal area, toward the sacral wound. An olive-green colored stool smear was visible on the wipe when she removed the wipe. CNA #5 repeated this process four times with clean wipes. CNA #5 changed gloves but performed no hand hygiene. A clean incontinent brief was placed under the resident and the blue pad which was under the resident was soiled. There was an olive-green substance on the blue pad. The resident was rolled to her right side. CNA #6 adjusted the resident's incontinent brief, rolled the resident to her back, and fastened the incontinent brief. CNA #5 gathered the trash and unused supplies and the CNAs exited the resident's room without performing hand hygiene. d. On 8/11/2020 at 10:40 a.m., CNA #5 was asked, Should there have been a dressing on the resident's wound? CNA 5 stated, Yes, but it came off in the brief. There was no wound dressing visible in the resident's incontinent brief when it was removed. CNA #5 was asked, How often should the blue pads be changed? CNA #5 stated, As necessary. CNA #5 was asked, Should the blue pad have been changed with the incontinent brief due to the soiled area, preventing resident from being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045218	A. BUILDING _____ B. WING _____	**08/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GASSVILLE THERAPY AND LIVING	**203 COTTER ROAD GASSVILLE, AR 72635**

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 0690 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 2) rolled through the debris? CNA #6 stated, Yes. CNA #5 stated, Yes, it should, but I cannot think. I am nervous. e. On 8/12/2020 at 10:48 a.m., the Administrator was asked, Is it appropriate for staff to change gloves without performing hand hygiene during peri-care? The Administrator stated, No. The Administrator was asked, If a blue pad is soiled during a brief change or peri-care, should it be changed prior to a new brief being placed on the resident and the resident is rolled side-to-side over the soiled pad? The Administrator stated, No. It should be changed with the brief. The Administrator was asked, Why should staff follow hand hygiene and isolation protocols? What is the negative outcome if not following protocols? The Administrator stated, The spread of infection. f. On 8/13/2020 at 1:41 p.m., Licensed Practical Nurse (LPN) #2 was asked, Should hands be sanitized during peri-care and when going from a dirty to clean process? LPN #2 stated, Yes. She was asked, Should staff change soiled items such as linens prior to rolling a resident and placing a clean brief on the resident? LPN #2 stated, Yes. g. On 8/13/2020 at 2:13 p.m., the Director of Nursing (DON) was asked, Should hands be sanitized between glove changes? The DON stated, Yes. She was asked, Should hands be sanitized between dirty and clean procedures? The DON stated, Yes. She was asked, Should hands be sanitized between glove changes while providing peri-care? The DON stated, Yes. She was asked, If during peri-care, bedding becomes soiled, should that be changed prior to having a clean brief placed under the resident and the resident being rolled side-to-side? She stated, Yes. h. On 8/13/2020 at approximately 2:30 p.m., CNA #5 was asked, Should you wash or sanitize your hands when going from dirty to clean procedures? CNA #5 stated, Yes, you should. I was nervous. She was asked, What is the reason you should wash or sanitize your hands when performing peri-care? She stated, Prevent infection, spread germs. i. A facility policy titled Urinary Catheter Care provided by the Administrator on 8/13/2020 at 9:58 a.m. documented, . Infection Control . 1. Use standard precautions . Steps in Procedure . 2. Wash and dry your hands thoroughly . 10. Put on clean gloves . A facility policy titled Perineal Care provided by the Administrator on 8/13/2020 documented, . Steps in the Procedure . 2. Wash and dry your hands thoroughly . 7. Put on gloves . 10. Remove gloves . 11. Wash and dry your hands thoroughly . A facility policy titled Handwashing / Hand Hygiene provided by the Administrator on 8/13/2020 documented, . 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . 7. Use an alcohol-based hand rub . soap . for the following situations . b. Before and after direct contact with residents . e. Before and after handling an invasive device (e.g. (such as), urinary catheters) . h. Before moving from a contaminated body site to a clean body site during resident care . i. After contact with a resident's intact skin . j. After contact with blood or bodily fluids . n. Before and after entering isolation precaution settings . 9. The use of gloves does not replace hand washing / hand hygiene .
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** Complaint # (AR 175) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure staff, contractors, and visitors were properly screened when entering the facility to provide resident care and services to prevent potential transmission and spread of COVID-19. This failed practice had the potential to affect 68 residents who resided in the facility, according the Daily Census List provided by the Administrator on 8/10/2020 at 12:22 p.m. The facility failed to ensure standards of infection control practices were consistently implemented and licensed nursing staff followed clean technique during the provision of wound care to promote healing and prevent potential infection for 1 (Resident #3) of 2 (Residents #2 and #3) sampled residents who required wound care. This failed practice had the potential to affect 14 residents who required wound care, according to a list provided by the Administrator on 8/14//2020 at 9:13 a.m. The facility failed to ensure employees washed or sanitized their hands between assisting different residents with receipt and set-up of meal trays, to prevent potential cross-contamination and spread of infection for residents who received meal trays from the kitchen. This failed practice had the potential to affect 14 residents who resided on 400 Hall and received meal trays from the kitchen, according to a list provided by the Administrator on 8/14/2020 at 9:00 a.m. The facility also failed to ensure laundry staff washed or sanitized their hands between delivering clothing to different resident rooms to prevent cross contamination and potential spread of infection. This failed practice had the potential to affect 68 residents who received laundry services and resided in the facility, according the Daily Census List provided by the Administrator on 8/10/2020 at 12:22 p.m. The facility failed to ensure Therapy Staff consistently implemented infection control practices after each direct resident contact and removed Personal Protective Equipment (PPE) and washed or sanitized their hands after providing care for residents to prevent the potential spread of infection. This failed practice had the potential to affect 12 residents who resided in the facility and received Therapy services, according to a list provided by the Administrator on 8/14/2020 at 9:00 a.m. The findings are: 1. Resident 3 had [DIAGNOSES REDACTED]. A Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/20/2020 documented the resident scored 3 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS); required extensive two-person assistance for bed mobility, toilet use, and transfers; and required extensive one-person assistance for dressing, personal hygiene, bathing, and locomotion on and off the unit. a. A physician's orders [REDACTED]. Monitor the ST (skin tear) to left elbow to maintain steri-strips . Replace as needed till healed every shift for skin integrity . b. On 8/11/2020 at 8:40 a.m., Licensed Practical Nurse (LPN) #3 exited the resident's room and stated, The resident hit the tray and knocked over a drink and has a skin tear. LPN #3 had a geri-sleeve in her hand and was walking down the hallway. At 8:43 a.m., LPN #3 returned to the resident's room with supplies. LPN #3 entered the resident's room and placed the supplies on a dirty over-the-bed table. LPN #3 donned gloves without performing hand hygiene. The resident had a skin tear on the left elbow, with a skin flap which measured approximately 2 centimeters and had minimal bleeding. LPN #3 cleaned the wound with 4 by 4 gauze sponges and Wound Cleanser, allowing it to air dry. Without performing hand hygiene or changing gloves, LPN #3 applied one steri-strip to the midline of the resident's skin tear. LPN #3 changed her gloves but did not perform hand hygiene. LPN #3 placed a geri-sleeve on the resident and left the room with the soiled trash without performing hand hygiene. At 8:55 a.m., LPN #3 was asked, Should you have performed hand hygiene prior to gloving? LPN #3 stated, Yes. She was asked, Should you have performed hand hygiene between dirty and clean procedures? LPN #3 stated, Yes. c. On 8/12/2020 at 10:48 a.m., the Administrator was asked, Why should staff follow hand hygiene and isolation protocols? What is the negative outcome if not following protocols? The Administrator stated, The spread of infection. d. On 8/13/2020 at 1:41 p.m., LPN #2 was asked, Should hands be sanitized between glove changes during wound care? LPN #2 stated, Yes. She was asked, Should hands be sanitized prior to beginning wound care? LPN #2 stated, Yes. She was asked, Should hands be sanitized at the completion of wound care? LPN #2 stated, Yes. She was asked, Should hands be sanitized during peri-care and when going from dirty to clean process? LPN #2 stated, Yes. e. On 8/13/2020 at 2:13 p.m., the Director of Nursing (DON) was asked, Should hands be sanitized prior to beginning wound care? The DON stated, Yes, absolutely. She was asked, Should hands be sanitized between glove changes? The DON stated, Yes. She was asked, Should hands be sanitized between dirty and clean procedures? The DON stated, Yes. She was asked, Should hands be sanitized after providing care? The DON stated, Yes. f. A facility policy titled Handwashing / Hand Hygiene provided by the Administrator on 8/13/2020 at 9:58 a.m. documented, . 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . 7. Use an alcohol-based hand rub . soap . for the following situations . b. Before and after direct contact with residents . g. Before handling clean or soiled dressings, gauze pads, etc. (et cetera) .i. After contact with a resident's intact skin . j. After contact with blood or bodily fluids . 9. The use of gloves does not replace hand washing / hand hygiene . 2. On 8/10/2020 at 11:55 a.m., Laundry Employee #2 was leaving room [ROOM NUMBER], removing clothing on hangers from a laundry cart and entering room [ROOM NUMBER]. She opened the closet door and placed clothing in the closet, closed the door, and returned to the hallway. Laundry Employee #2 did not perform hand hygiene. Laundry Employee #2 was asked, Should you have washed / sanitized your hands between rooms? Laundry Employee #2 stated, Yes. a. A facility policy titled Handwashing / Hand Hygiene provided by the Administrator on 8/13/2020 at 9:58 a.m. documented, . 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . b. A facility policy titled Environmental Services - Laundry and Linen provided by the Administrator on 8/13/2020 at 9:58 a.m. documented, . Standard Precautions . 2. Wash hands after handling soiled linen and before handling clean linen . 12. Wash hands before handling clean linen . 3. On 8/10/2020 at 12:30 p.m., the lunch tray cart was being taken to the 400 Hall. At 12:40 p.m., the first meal trays were served and set up by Certified Nursing Assistant (CNA) #1 and CNA #2. Hand hygiene was not performed at this time. At 12:43 p.m., the next two meal trays were served and set up by CNA #1 and CNA #2. No hand hygiene was performed by CNA #1 after serving the first meal tray and prior to the set-up of the second meal tray. At 12:44 p.m., CNA #1 left the Unit without performing hand hygiene. At 12:46 p.m., CNA #1 returned to the Unit and began serving trays

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045218	A. BUILDING _____ B. WING _____	**08/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GASSVILLE THERAPY AND LIVING	**203 COTTER ROAD GASSVILLE, AR 72635**

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	(continued... from page 3) without performing hand hygiene. At 12:49 p.m., CNA #1 moved a water-filled mat from in front of a resident, placed a tray on the table, and opened containers on the tray. No hand hygiene was performed. At 12:58 p.m., CNA #1 left the Unit to fulfill a resident's request for a sandwich. No hand hygiene was performed prior to leaving the Unit or upon return to the Unit with the resident's food request. CNA #1 used her hands to wipe debris off a tray into a trash can after serving a meal to a resident. She took a tray to the tray cart and removed the next tray for service without performing hand hygiene. a. On 8/12/2020 at 10:48 a.m., the Administrator was asked, Should hands be sanitized during meal service between tray service, resident-to-resident and room-to-room? The Administrator stated, Yes, they should be sanitizing. The Administrator was asked, Why should staff follow hand hygiene and isolation protocols? What is the negative outcome if not following protocols? The Administrator stated, The spread of infection. b. A facility policy titled Handwashing / Hand Hygiene provided by the Administrator on 8/13/2020 at 9:58 a.m. documented, . 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . 7. Use an alcohol-based hand rub . soap . for the following situations . b. Before and after direct contact with residents . i. After contact with a resident's intact skin . l. After contact with objects . in the immediate vicinity of the resident . o. Before and after assisting a resident with meals . 9. The use of gloves does not replace hand washing / hand hygiene . 4. On 8/11/2020 at 9:00 a.m., Therapy Employee #1 was providing care at a resident's bedside in room [ROOM NUMBER]. Therapy Employee #1 walked out of the resident's room, walked 4 steps into the hallway wearing a white gown, gloves, and mask. The Therapy Employee abruptly turned and re-entered room [ROOM NUMBER]. a. On 8/11/2020 at 9:30 a.m., Therapy Employee #1 was asked, Should you sanitize / wash your hands each time you leave a room? Therapy Employee #1 stated, Yes. b. On 8/12/2020 at 10:48 a.m., the Administrator was asked, Should staff on the 300 Hall leave a resident's room wearing the Personal Protective Equipment (PPE) after working with a resident? The Administrator stated, No. The Administrator was asked, Why should staff follow hand hygiene and isolation protocols? What is the negative outcome if not following protocols?? The Administrator stated, The spread of infection. c. A facility policy titled Handwashing / Hand Hygiene provided by the Administrator on 8/13/2020 at 9:58 a.m. documented, . 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . 7. Use an alcohol-based hand rub . b. Before and after direct contact with residents . i. After contact with a resident's intact skin . l. After contact with objects . in the immediate vicinity of the resident . n. Before and after entering isolation precaution settings . 9. The use of gloves does not replace handwashing / hand hygiene . 5. On 8/10/2020 at 10:45 a.m., the Administrator was asked, Who is allowed access to the building? The Administrator stated, Vendors coming in are screened at the entrance and then drive to the back of the building, for example to work on the washer. Pharmacy comes to the lobby and no further. DME (Durable Medical Equipment) and food drop off at the door only. We have no [MEDICAL TREATMENT] residents. The APN (Advanced Practice Nurse) comes in. Residents go to acute appointments only. a. The facility Staff and Visitor Screening Forms dated 7/1/2020 through 8/10/2020 provided by the Administrator on 8/10/2020 at 1:20 p.m. documented the following: Between 7/22/2020 and 8/5/2020 13 staff members were allowed to enter the building after declaring, at minimum, two signs and symptoms or not completing the Entrance Screening Form. On 7/28/2020 at 10:52 p.m., Certified Nursing Assistant (CNA) #11 was admitted to the facility after responding, Yes to Question #4, Have you been in contact with a person under investigation for COVID-19 or a person who has tested positive within the last 14 days? An additional handwritten notation to the right of the response documented, Husband has been tested . On 7/31/2020 at 12:35 p.m., a visitor was admitted to the facility after responding, Yes to Question #3, Have you been in contact with a person under investigation for COVID-19 or a person who has tested positive within the last 14 days? b. On 8/11/2020 at 8:27 a.m., the Administrator was asked, If an employee comes in with signs and symptoms and are not feeling well, what action is taken? The Administrator stated, They are sent home. The Administrator was asked, Are they given 14 days to quarantine? The Administrator stated, Not necessarily. It depends on the situation. The administrator was asked, If they are exposed to a family member and come to work, what action is taken? The Administrator stated, They are sent home. They are not required to be tested , but if they test, then they bring back the result. The Administrator was asked, How many tests do you give to staff? The Administrator stated, Just one. The Administrator was asked, If screening responses are 'Yes', what action is taken? The Administrator stated, If there is a 'Yes', I go back and check it and confirm it is not an issue. c. The facility Infection Control Surveillance Line List dated 6/1/2020 through 8/1/2020 provided by the Administrator on 8/12/2020 at 9:34 a.m. documented LPN #1 with more than one sign and symptom listed under Column C. d. The facility Staffing Sheet - Weekly dated 7/20/2020 through 8/16/2020 and provided by the Administrator on 8/10/2020 at 2:35 p.m. documented LPN #1 and CNA #11 were scheduled to work. e. On 8/12/2020 at 1:42 p.m., CNA #11 was asked, Have you been in-serviced on education related to COVID-19? CNA #11 stated, Yes. It is on-going. We are informed on new rules, in-services, folder with information on COVID, and can ask the nurse at any time. She was asked, Who has access to get into the facility? CNA #11 stated, Employees right now. The doors are locked. You have to access through the nurse or whoever is checking in at the front door. She was asked, Is the night shift screened? CNA #11 stated, The door is locked, so the nurse has to buzz you in and screen you. She was asked, If someone has signs / symptoms, are they sent home or are they asked, or allowed to continue to work? CNA #11 stated, They would be sent home. Any symptoms or running fevers. I think it is a 100 (fever) when they send you home. She was asked, If someone is exposed to COVID-19 outside of work, what is the procedure for them to return to work? CNA #11 stated, No, they just ask about symptoms. That is what they asked me, and I returned to work that night. She was asked, Were you exposed by a family member? CNA #11 stated, Yes. I was by my husband. He had symptoms and I had no symptoms. He got tested and the testing came back as mold. He was tearing down a shed with a neighbor and got exposed to mold. She was asked, Were you required to quarantine, get tested , do anything special in order to return to work? CNA #11 stated, No. Of course, they checked my temperature and I was not showing any signs. f. On 8/12/2020 at 8:53 a.m., LPN #1 was asked, If a staff member comes into the facility and during screening answered 'Yes' to any question on the screening, what action should be taken? LPN #1 stated, They would be sent home to be tested and stay home quarantined until results back. If they are not showing signs and symptoms, they could work, and if they were exposed, we would place them on the COVID-19 Hall. g. On 8/12/2020 at 9:00 a.m., Laundry Employee #1 was asked, If staff develop symptoms at work, what does the facility do? Laundry Employee #1 stated, The facility would send staff home immediately, then they would be quarantined for 14 days and tested . If they tested positive, then they would have to have 2 negative tests before returning to work. h. On 8/12/2020 at 10:44 a.m., the Administrator was asked, If an employee has no signs or symptoms, was exposed to a family member who was tested , no results are back, what is policy? The Administrator stated, If the employee has no signs or symptoms, was exposed, they could still work. No 14-day quarantine. If they have signs and symptoms, they should be sent home. i. On 8/13/2020 at 1:41 p.m., LPN #2 was asked, On 8/5/2020, you came in with a sore throat, fever, cough, and body aches. During the screening did you answer 'Yes' to those questions? LPN #2 stated, Yes. She was asked, Were you allowed to work? LPN #2 stated, Yes. She was asked, Were you allowed to work because there was no one to cover the shift? LPN 2 stated, No. It was housekeeping doing the screening. She was asked, If someone else was doing have been sent home. She was asked, Why is that? LPN 2 stated, Because housekeeping doesn't know what to do in screening. I did go home later that day and got tested .