

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER ENCORE HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1820 WEST MOLINE STREET MALVERN, AR 72104	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 085) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure the facility van transport staff had a telephone to call for assistance if a resident slid out of the wheelchair while in transport, and failed to ensure safety restraints were applied prior to moving the van to prevent potential accidents / injuries for 1 (Resident #1) of 3 (Residents #1, #2, and #3) sampled residents who required transport in the facility van, as documented on the list provided by the Administrator on 7/14/19. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date of 7/1/2020 documented the resident scored 12 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status, and required extensive two-person assistance with bed mobility, transfers and toilet use. a. The facility self-reported an incident that occurred on 7/5/2020 at 1:45 p.m. The report documented, .Certified Nursing Assistant (CNA) #1 was in the facility van to pick up the resident for a re-admit back to the facility. On the way back a car flew pass by the van causing the CNA to slam on the brakes. The resident slid from her wheelchair onto the floor of the van. The CNA pulled over to assess the resident. The resident was sitting up in the floor of the van. The CNA realized she did not have her phone (telephone) to call for assistance. The CNA drove 2.5 miles to the facility with the resident sitting in the floor of the van. Upon arrival to the facility, the CNA went in the facility and asked for help for the resident. The resident was assessed with [REDACTED]. The resident was transferred by ambulance to the hospital . b. A facility in-service dated 7/6/2020 provided by the Administrator on 7/14/2020 at 3:00 p.m. documented, .Area Discussed . Transportation Vehicle . Always have a telephone with you and charged while operating the vehicle / transporting residents . c. On 7/15/2020 at 11:27 a.m., CNA #1 was asked, Did you strap the resident in the van correctly on 7/5/2020? She stated, Yes. The Surveyor observed the CNA perform a return demonstration with the Administrator in the same wheelchair the resident was in on the day of the incident. The Return Demonstration was performed correctly. d. On 7/15/2020 at 11:43 a.m., CNA #1 was asked, Had you been trained how to secure a resident for transport prior to the incident on 7/5/2020? She stated, Yes. She was asked, Have you been trained since the fall? She stated, Yes. She was asked, Did you have your telephone with you? She stated, No. She was asked, Are you supposed to have your telephone when transporting a resident? She stated, Yes. 2. The Arkansas Code, Transportation Subtitle 3 . Motor Vehicles and Their Equipment, Chapter 37 . Equipment Regulations . Subchapter 7 . Mandatory Seat Belt Use (27-37-702) documented, .(c) .Each driver or passenger who is seated in a wheelchair in a motor vehicle shall . (1) Wear a properly adjusted and fastened seat belt properly secured to the wheelchair . and (2) Have the wheelchair properly secured in the motor vehicle .		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask per policy, and failed to store contaminated / soiled linens appropriately to prevent potential cross-contamination. These failed practices had the potential to affect all 83 residents who resided in the facility, as documented on the Census Report provided by the Administrator on 7/14/2020. The findings are; 1. On 7/14/2020 at 10:53 a.m., Dietary Aide #1 was filling glasses on a tray in the foyer of the Dining Room with no mask on. Dietary Aide #1 was asked, Are you supposed to have a mask on? He stated, Yes, I do have one. 2. On 7/14/2020 11:33 a.m., approximately 20 clear bags were sitting on the sidewalk outside the Laundry Room. The clear bags contained contaminated / soiled linens. The Surveyor entered the dirty / soiled side of the Laundry Room. There were approximately 10 bags sitting on the floor. 3. A facility in-service dated 4/30/2020 titled Masks provided by the Administrator on 7/14/2020 documented, .Area Discussed Masks . We are no longer allowed to wear cloth masks in the building . In the building Only Surgical Masks are to be worn . Masks are not to be around your chin, in your pocket, hanging from one ear . a. A facility in-service dated 4/14/2020 titled Masks provided by the Administrator on 7/14/2020 documented, .Area Discussed . Precautions . 1. Surgical Masks are to be worn at all times in the facility . b. A facility policy titled Laundry Policy provided by the Housekeeping Supervisor on 7/14/2020 at 12:10 p.m. documented, .Policy . All linens are handled, stored, transported, and processed in a manner that will prevent contamination and maintain a clean environment for residents, health care workers, and visitors . Procedure . 1. Soiled or dirty linen is . a. Is to be collected and is transported to a specific area in a 'Soiled Linen' container . Minimal handling of soiled linen is advised .		

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.