

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER THE CROSSING AT RIVERSIDE HEALTH AND REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP 2500 EAST MOORE AVENUE SEARCY, AR 72143	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure regular and N95 masks were worn correctly by staff members, failed to ensure staff monitored visitors for proper mask use, and failed to ensure biohazard bins were kept secure to prevent the potential spread of infection throughout the facility. This failed practice had the potential to affect all 117 residents within the facility. The findings are: Policy and procedures titled, Personal Protective Equipment-Using Face Mask reviewed on 7/21/20 at 12:53 pm documented. Be sure that face mask covers the nose and mouth while performing treatment or services for the patient. Policy and procedures titled COVID Unit PPE (Personal Protective Equipment) received from the Administrator via email on 7/21/20 at 5:58 pm documented. N95 masks are to be reused until they are broken, soiled or wet. You will store these masks in a brown paper sack after your shift to be used the next day. 1. On 7/21/20 at 10:05 am, the Director of Community Relations was observed walking in the foyer with the surgical mask below the nose and came within approximately 1-2 feet from the Activities Director to have a conversation. She continued to walk around the foyer talking to other staff with the mask below the nose. a. At 10:08 am, the Activities Director was standing in the Administrator's doorway with the surgical mask below the nose. b. At 10:13 am, the Director of Rehabilitation was in the therapy office with another employee that was standing closer than 6 feet and their surgical masks were below their noses. c. At 10:20 am, Certified Nursing Assistant (CNA) #1 left resident room [ROOM NUMBER] with the surgical mask at the chin. CNA #1 was asked about the placement of the mask. CNA #1 stated, When I lean down the mask slides down, especially since I am in the shower room and get sweaty it's hard to keep it up. d. At 10:28 am, at the outside entrance of the 400 hall, which was the quarantine unit, there were 2 biohazard boxes sitting on the concrete with tied isolation bags on top of each. The surveyor took a picture of the boxes. The Maintenance Supervisor was asked why the biohazard boxes were sitting outside, he stated they set them out for housekeeping and laundry to pick them up and take them around the back of the facility. I think there are scheduled times for pick up. e. At 10:41 am, the Speech Therapist was on the 400 hall and stated We have not had N95 for a long time, at least I haven't seen them anymore. The N95 I have the facility provided and I just reuse it. When I take it off I Lysol it then let it air dry. f. At 10:50 am, Licensed Practical Nurse (LPN) #1 was asked, where the facilities PPE are stored. LPN #1 stated, It is kept at the back of the hall. As soon as we run out, we contact the Assistant Director of Nursing (ADON) or Director of Nursing (DON) to bring us more. LPN #1 was asked how they disposed of the trash and linens and LPN #1 responded we place them on the isolation carts on the halls. Once that is full, housekeeping boxes them up and puts them outside the door. The other housekeepers come to get it at the end of the shifts. g. At 10:52 am, Housekeeper #1 was on the 400 hall and wearing an N95 mask with facial hair that appeared to be full and approximately 1 inches in length along his jaw and chin. Housekeeper #1 was asked if the quarantine unit ever ran out of PPE and he replied, Yeah from time to time. Right now, we don't have any booties and haven't had any for about 2 days. We haven't had the leg coveralls in a while either, I don't know if they are required though. Housekeeper #1 was asked if he received any training on proper mask usage and replied, They went over how to put on and take off all the PPE when this all started. Housekeeper #1 was asked if he had ever been fit tested for the N95 and stated, No. Housekeeper #1 was asked, if he felt like they were getting a proper seal on the mask with a beard and stated, Probably not. Housekeeper #1 was asked, if he reused the N95 mask and stated, Yes they gave me 3 of them so I wear one for 10 days then use the next one for 10 days. Housekeeper #1 was asked what he did with the mask once he removed it and stated, I just take it off and hang it in my truck. Housekeeper #1 was asked if he disinfected it and stated, I probably should. Housekeeper #1 was asked where the isolation bags were disposed of and stated, I take them out of the bins and put them in the biohazard boxes, then I place it outside the door. My supervisor comes around 7(am), 10(am), and 5(pm) to get them. h. At 11:02 am, CNA #2 was located on the quarantine unit in the hallway with surgical mask on. When the interview was started, CNA #2 pulled the mask down under their chin. CNA #2 was asked if they ever run out of PPE and stated, We've ran out of things back here like the booties and jumpsuits. Normally they restock us the same day but this time it's taken like a week. They say the truck runs on Wednesday. CNA #2 then replaced the mask above the nose and was asked if they had an N95 to wear and stated, I have one in my bag, I wear this surgical mask when I'm in the shower room. Once I am done, I'll put the N95 back on. CNA #2 was asked if they reused their N95 and stated, Yeah I'll put it on then when I take it off, I put it in my brown paper bag. I use the same mask all day and wear a new one the next day. i. At 12:03 pm, the Clinical Dietary Manager (DM) was observed with surgical mask at chin while assisting a resident reposition in their wheelchair in the hallway. The DM was asked how the masks are to be worn and stated, It keeps falling because this is my same mask from yesterday, they told us in a meeting yesterday that we needed to keep our masks because they ran out. The mask should cover my nose though but as I speak it starts to come down. The DM was asked if the facility had ever run out of masks before and the DM stated, No, this is the first time but I'm not sure when we will get more. j. At 12:08 pm, on the 300-hall dining room outdoor patio, there was a resident and 2 family members visiting and they all appeared to be 6 feet apart. The 2 family members had their mask below the chin. k. At 12:10 p.m., CNA #3 was asked, if the visitors received any education related to PPE usage and the CNA stated, The family fills out a screen form. The family have been coming with their own masks and we provide one for the residents. We let the family know that they need to wear the masks, so they don't get the residents sick. l. At 1:25 pm, the Activities Director was asked if they had received training on the proper use of masks and stated, Yes we went over it back in March. The mask is supposed to cover the mouth and nose, you can twist the ear ties to make it tighter, so it doesn't slip. m. At the 1:48 pm, the Maintenance Supervisor had a visible beard that was approximately 12 inches long and was wearing a cloth mask with a form of filter. He was asked, if he ever had to go into the COVID unit and he stated, During an emergency yes, I've had to go back there twice now since this all started. He was asked if he had received training on mask usage and stated, Yes, we watched the proper way to do it then we had to do it. He was asked if they had ever been fit tested and if they felt like they had a proper seal with the mask and he stated, I haven't been fit tested but I am assigned an N95 that has the rubber around the edges for when I do have to go on the COVID unit. I think because of the rubber I get a good seal even with the beard. n. At 2:09 pm, the Director of Community Relations was asked when the visitation began and stated, Visitation just began today. She was asked if family received any education related to PPE use for visitation and she stated, Yes, the facility sent out information, but I am not sure what all it contained. When the family gets here, they are screened, and we make sure they have a mask on. The screener is there to make sure the families keep their mask on. If the family member takes the masks off, then the screener is to tell them they must put it back on. She was asked if she ever received any training related to COVID and she stated, Yes we went over handwashing and how to put on and take off PPE back in March. She was asked where in the building is it required to wear a mask and she stated, We are to wear the masks everywhere unless you're in your own office. She was asked what the proper way to wear a mask was and she stated, it should cover the mouth and be up on the bridge of the nose. o. At 2:15 pm, the Administrator was asked if the facility was providing any education to family members related to PPE usage and visitation and she stated, When the family are screened there is a page of education that they have to sign. She was asked,</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER THE CROSSING AT RIVERSIDE HEALTH AND REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP 2500 EAST MOORE AVENUE SEARCY, AR 72143	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>how she felt about male workers with beards wearing N95 on the COVID unit and she stated, They would need to shave it to get the proper seal, but I don't think any men with beards work back there. p. A Visitor screening Form was then received from the Administrator at approximately 2:15 pm and documented, .Acknowledgement .I understand I must wear a face mask at all times during my visit .</p>		