

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER LONOKE HEALTH AND REHAB CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1501 LINCOLN STREET LONOKE, AR 72086	
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, record review and interview, the facility failed to ensure implementation of proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by not wearing a face mask when setting up biohazard boxes and failed to ensure no food or drinks were stored in the clean laundry room. This failed practice had the potential to affect all 64 residents residing in the nursing home as documented on the Midnight Census Report provided by the Director of Nurses (DON) on 7/6/2020. The findings are: 1. On 7/6/2020 at 10:13 a.m., the Surveyor and the Maintenance Director entered the Laundry room. There was a clear plastic strip from the top of the door to the floor separating the dirty laundry side from the clean laundry side. The Maintenance Director opened the clear plastic to enter the clean laundry side. An opened bottle of water and a bag of food were sitting on the clean laundry folding table. There was also a jacket on the clean laundry table that belonged to Laundry Aide #1. 2. On 7/6/2020 at 10:14 a.m., the Surveyor and the Maintenance Director walked outside to the storage shed approximately 60 feet from the back door. The door was opened, and Laundry Aide #1 was setting up biohazard bags with his surgical mask pulled down to his chin and he was not wearing gloves. Next to where Laundry Aide #1 was standing were 21 biohazard boxes. The boxes were stacked and sitting on the concrete floor of the storage building unsealed. A wet substance was on the concrete next to the boxes. On top of a box labeled file cabinet was a pair of dirty gloves. The Surveyor asked the Laundry Aide, Should there be food or drinks in the laundry room on the clean laundry side? He said, No. He was asked, Are you wearing your mask correctly? He said, No. He then pulled his mask up from his chin. 3. On 7/6/2020 at 10:42 a.m., the DON was asked, When staff are going through the biohazard, should they be wearing their mask correctly? She said, Yes. 4. On 7/6/2020 at 11:00 a.m., the Administrator was asked, When staff are going through biohazard boxes, should they have a mask on? She said, Yes. She was asked, Should there be food or drinks in the clean laundry area? She said, No. 5. On 7/6/2020 the DON provided a copy of the COVID-19 Recommendations that documented, . 3. Employees and Face Mask Use a. All staff must wear a face mask at all times . 6. The Laundry policy provided by the DON on 7/06/2020 documented, . Laundry services are provided by facility in accordance with state and federal regulations. Procedure 1. Laundry staff will be designated to be in charge of laundry area . 7. The Infectious Waste, Handling and Disposal policy provided by the DON on 07/06/2020 documented, . 2. Disposable items which are: a. Contaminated with excretions or secretions must be placed in closable, leakproof red plastic bags and sealed. b. Sealed items with visible blood (or feces from a patient with a disease transmitted through feces) must be placed in red plastic bags or containers. 3. If outside contamination of the container or bag is likely to occur, then a second leak proof container or bag which is closable and labeled shall be placed over the outside of the first container or bag closed to prevent leakage during handling, storage and transport .</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.