STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045414	A. BUILDING _____ B. WING _____	**06/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OZARK HEALTH NURSING AND REHAB CENTER	**2500 HIGHWAY 65 SOUTH CLINTON, AR 72031**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure proper hand hygiene was used when assisting residents to eat to prevent the possible spread of COVID-19 for 3 (Residents #1, #2 and #3) of 3 case mix residents who required assistance in the dining room. This failed practice had the potential to affect 10 residents who required assistance to eat in the dining room as documented on a list provided by the Administrator on 6/16/20 at 11:49 a.m. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. 2. Resident #2 had a [DIAGNOSES REDACTED]. Resident #3 had [DIAGNOSES REDACTED]. a. On 6/15/20 at 12:41 p.m., Hydration Aide #1 was at the assisted table helping Resident #1 to eat and drink her lunch meal. Without sanitizing her hands, the Aide rolled the stool over at the same table, and assisted Resident #3 to eat and drink. The aide then got up from the table, walked over to Resident #2, touched her shoulder and right hand, picked up the resident's spoon, gave her a bite of food, placed the spoon into the resident's hand and encouraged her to eat. Without using any form of hand hygiene, the Aide went back to the first table where Resident #1 and Resident #3 were seated, assisted both residents to eat and drink without use of any type of hand hygiene in between residents. b. On 6/15/20 at 1:00 p.m., Registered Nurse (RN) #1 was asked, If staff are helping more than one resident to eat what should they do? She stated, Keep their mask in place. She was asked, Should they be using hand sanitizer between residents? She stated, Yes. c. On 6/15/20 at 1:20 p.m., Hydration Aide #1 was asked, When helping residents to eat and drink should you be doing anything between residents? She stated, Use hand sanitizer. The Aide was asked, Have you been doing that? She stated, No.

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