

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRINITY VILLAGE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6400 TRINITY DRIVE PINE BLUFF, AR 71603</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, record review, and interview, the facility failed to ensure staff donned a face shield / goggles and performed proper hand hygiene before entering a resident's room on the COVID Unit; and the facility failed to ensure linens were stored in a contained environment on the COVID Unit to prevent the potential for cross-contamination and spread of infection. These failed practices had the potential to affect 2 (Residents #2 and #3) of 3 case mix residents who resided on the COVID Unit (F Hall), according to a list provided by the Director of Nursing (DON) on 9/3/2020. The findings are: 1. On 8/31/2020 at 10:54 a.m., Certified Nursing Assistant (CNA) #1 was sitting on the COVID Unit using a cell phone. A sign on the wall inside the COVID Unit documented, .Important Staff Notification . PPE (Personal Protective Equipment) . All staff must wear proper PPE on the COVID Unit . N95 mask . Gloves . Gown . Face Shield . Hand Hygiene . Staff must wash hands and or use hand sanitizer prior to and after providing resident care, and each time after touching a soiled surface . She went to room [ROOM NUMBER], pulled out a pair of gloves from the box, placed them on her hands, and entered the room. CNA #1 did not wash or sanitize her hands prior to putting the gloves on her hands. CNA #1 did not wear a face shield or goggles before entering room [ROOM NUMBER]. (The Surveyor took a photograph at this time.) a. On 8/31/2020 at 11:09 a.m., CNA #1 was asked, Did you wash or sanitize your hands prior to applying the gloves and entering room [ROOM NUMBER]? CNA #1 stated, No. CNA #1 was asked, Did you wear goggles or a face shield prior to entering room [ROOM NUMBER]? CNA #1 stated, I didn't have one on. I don't have one back there with my name on it. CNA #1 was asked, Who is responsible for ensuring you have the correct personal protective equipment (PPE)? CNA #1 stated, Honestly, I don't know. b. On 9/1/2020 at 8:30 a.m., a bag of linens was on the floor on the COVID Unit. The bag of linens was sitting next to the Biohazard Bins. (The Surveyor took a photograph of the bag of linens on the floor at this time.) c. On 9/1/2020 at 8:31 a.m., CNA #2 was asked, What is in the bag on the floor on the COVID Unit? CNA #2 stated, Looks like linens. CNA #2 was asked, Should that bag of linens be on the floor? CNA #2 stated, No. CNA #2 was asked, Would that be an infection control issue? CNA #2 stated, Yes. d. On 9/1/2020 at 9:03 a.m., Licensed Practical Nurse (LPN) #1 was asked, Are you working the COVID Unit? LPN #1 stated, Yes. LPN #1 was asked, What PPE are supposed to be worn when on the COVID Unit? LPN #1 stated, Shoe covers, hair net, N95 mask, face shield or goggles, a gown, and gloves. LPN #1 was asked, Should the staff have all that on when on the COVID Unit? LPN #1 stated, Yes. LPN #1 was asked, Should you wash, or alcohol gel your hands before applying gloves and entering a resident's room on the COVID Unit? LPN #1 stated, Yes, before and after. LPN #1 was asked, Should linens be on the floor? LPN #1 stated, No. LPN #1 was asked, Would that be an infection control issue? LPN #1 stated, Yes. e. A document titled Guidelines for Nursing Staff Assigned to the COVID Unit provided by the Director of Nursing on 9/1/2020 at 12:55 p.m. documented, .Guidelines for Nursing Staff Assigned to the COVID Unit . PPE (personal protective equipment) . Face Shield . Goggles . N95 Mask . Gowns . Shoe Covers . Gloves . Hair Covers . f. On 9/1/2020 at 1:55 p.m., the DON was asked, Should staff who work the COVID Unit wear PPE according to the sign posted on the COVID Unit? The DON was shown a picture of a sign posted on the wall inside the COVID Unit. The DON stated, They should have a gown, booties, N95 mask while sitting in the hall, and if an emergency happens, they should have the whole gear on, gloves, and a face shield. The DON was asked, Should staff who work the COVID Unit wear goggles / face shield prior to entering a resident's room on the COVID Unit? The DON stated, Yes. The DON was asked, Should linens be on the floor, in a bag, on the COVID Unit? The DON stated, No. The DON was asked, Would all these things be considered an infection control issue? The DON stated, Yes. g. On 9/1/2020 at 2:22 p.m., the Administrator was asked, Should staff who work the COVID Unit wash their hands or alcohol gel them prior to placing gloves on and prior to going into a resident's room on the COVID Unit? The Administrator stated, Yes. The Administrator was asked, Should staff who work the COVID Unit wear goggles / face shield prior to entering a resident's room on the COVID Unit? The Administrator stated, Yes, they should be completely donned out. The Administrator was asked, Should linens be in a bag on the floor on the COVID Unit? The Administrator stated, No. The Administrator was asked, 'Would all these things be considered an infection control issue? The Administrator stated, Correct. h. A facility policy titled Laundry and Bedding, Soiled provided by the Administrator on 9/1/2020 documented, .Soiled laundry / bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen . Place and transport contaminated laundry in bags or containers in accordance with established policies governing the handling and disposal of contaminated items . i. A document titled Arkansas Department of Health (ADH) .ADH Guidance for Reducing Spread of COVID-19 in Long-Term Care Facilities dated 8/4/2020 documented, .The ADH recommends the following actions when a health care worker or resident at a long-term care facility tests positive (regardless of symptoms) for COVID-19 . Immediately place a resident on contact and droplet precautions. Staff should wear personal protective equipment (PPE) as recommended by the Centers for Disease Control and Prevention for COVID-19, which would include a mask (surgical or N95), eye protection (face shield or goggles), gown, and gloves. All exposed residents should be placed in this area for quarantine . for 14 days from the date of last exposure. The same personal protective equipment should be worn as with a positive resident . j. A Centers for Medicare and Medicaid Services (CMS) document titled COVID-19 Focused Survey for Nursing Homes dated 8/25/2020 documented, .For a resident with known or suspected COVID-19 . staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator . When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e. (such as), gloves, gown, eye protection, and respirator or facemask) for the care of all residents on the Unit (or facility-wide based on the location of affected residents), regardless of symptoms .</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.