

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER LONGMEADOW NURSING CENTER - CAMDEN		STREET ADDRESS, CITY, STATE, ZIP 365 ALPHA STREET CAMDEN, AR 71701	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, and interview, the facility failed to ensure Infection Control practices were consistently followed to prevent potential transmission of COVID-19 and other infectious diseases in 1 of 1 facility. This failed practice had the potential to affect all 22 residents who resided in the facility, as documented on the Resident Census and Conditions of Residents form dated 8/25/2020. The findings are: 1. On 8/24/2020 at 10:30 a.m., Registered Nurse (RN) #1 approached this surveyor at the front-door for COVID-19 screening. She attempted to sanitize her hands at the Purell sanitizing station, but nothing came from the tube. She squeezed the bag and stated, No bag in it. Without sanitizing her hands, she removed a thermometer and alcohol pad from her pocket. She then, cleaned the thermometer with the alcohol pad, and placed the thermometer to this surveyors' forehead. She cleaned the thermometer and placed it in her pocket. She reached over to the Purell sanitizing station and pulled level for dispense of sanitizer and stated, No bag inside. She then answered the telephone and opened the front entrance door. She escorted this surveyor to room [ROOM NUMBER]. She did not wash or sanitize her hands. 2. On 8/24/2020 at 11:41 a.m., RN #2 entered the conference room. Her yellow colored cloth mask was underneath her nose. She was sitting 6 feet across from this surveyor, for an interview. During the interview, RN #2 continuously adjusted her mask because it was sliding underneath her nose. RN #2 was asked, Should your mask cover your nose and mouth while in the facility? She stated, Yes. 3. On 8/24/2020 at 1:15 p.m., RN #1 was standing in the hallway talking to this surveyor. Her red cloth mask fell beneath her nose several times. While conversing with RN #1, she continued to adjust her mask, but eventually had to place her hand over the mask, for the mask to cover her mouth and nose. 4. On 8/25/20 at 12:11 p.m., the Director of Nursing (DON), opened the front door and greeted this surveyor. Without verbalizing, she then left the COVID-19 screening area. This surveyor stood at the front door without being screened until 12:14 p.m. At this time, the DON arrived back near the front door. The DON was asked, Is someone going to take my temperature and screen for Covid-19? The DON entered her front office, and without cleaning her hands, she removed an uncovered white battery-operated thermometer from on her desk, and without cleaning the thermometer, she placed it against this surveyor's forehead, and then back on her desk. The DON was asked, Should the thermometer be cleaned before and after use? She stated, Yes. She was asked, Should you wash or sanitize your hands prior to handling a thermometer and afterwards? She stated, Yes. 5. On 8/25/2020 at 1:15 p.m., an unidentified female approached the front porch of the facility and sat in a chair. She was not wearing a facemask or any other PPE (personal protective equipment). Soon after her arrival, Resident #6 propelled to the front door, staff opened the door, and the resident self-propelled to the front porch. Resident #6 was not wearing a facemask. The unidentified female was the mother of Resident #6. He was smoking a cigarette and visiting with her. They were in close contact and not wearing a facemask. The Administrator was sitting on the front porch with her mask on. 6. On 8/25/2020 at 1:45 p.m., the Administrator was asked, Why are they not wearing a face-mask? She stated, He is smoking, and I didn't notice that she didn't have one on. She was asked, Should staff screen all visitors for Covid-19, prior to coming in contact with a resident? She stated, Yes.</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.