

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER ST ANDREWS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 3501 COLLEGE AVENUE CONWAY, AR 72034	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure a resident with signs and symptoms of COVID-19 was placed on isolation / quarantine while awaiting test results for 1 (Resident #1) of 1 resident to prevent the potential spread of disease and infection. The facility also failed to monitor the residents' temperature and for signs and symptoms of COVID-19; and failed to ensure masks were appropriately worn by staff and consistently covered the mouth and nose, to prevent the potential spread of disease and infection. These failed practices had the potential to affect all 62 (Total Census: 62) residents who resided in the facility, according to the Midnight Census Report provided by the Business Office Manager on 8/10/2020 at 11:50 a.m. The findings are: 1. Resident #1 had a [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 7/1/2020 documented the resident scored 15 (13-15 indicates cognitive intact) on a Brief Interview for Mental Status and required limited assistance for Activities of Daily Living. a. The facility Antibiotic Use Tracking Sheet dated 8/3/2020 documented Resident #1 had a cough and sinus drainage and COVID-19 test results were pending. b. A Nurses Note dated 8/3/2020 at 11:01 a.m. documented, Resident c/o (complained of) nose stopped up and sinuses messed up. Res. (Resident) has a productive cough producing thick yellow mucus. Lung sounds clear in all lobes. VS (Vital Signs) WNL (within normal limits). Notified (Name) APN (Advanced Practice Nurse). Ordered chest x-ray at this time. c. A Nurses Note dated 8/3/2020 at 22:23 (10:23 p.m.) documented, Resident with increased cough. Resident isolated to room. Wearing a face mask when she does leave the room. COVID-19 screen ordered by MD (Medical Doctor). d. On 8/11/2020 at 1:40 p.m., Resident #1 had COVID results pending. There was no isolation cart at the door and no signage indicating isolation precautions was located at, or near, the resident's room. e. On 8/11/2020 at 1:47 p.m., Registered Nurse (RN) #1 was asked, Is (Resident #1) in isolation? She stated, No. She was asked, What day did the Physician order [REDACTED]. She was asked, According to your COVID policy, should the resident be in isolation? She stated, I suppose so. She was asked, Should staff be wearing a surgical mask while taking care of her, opposed to the cloth mask that the staff is wearing? She stated, We haven't brought out the surgical masks yet. f. On 8/11/20 at 1:58 p.m., the Administrator was asked, Is (Resident #1) in isolation? He stated, As far as I know, no. He was asked, She was tested for COVID, so should she be? He stated, She asked for the test. She coughs, she smokes, and has a smokers cough. He was asked, Did the resident have a physician's orders [REDACTED]. He was asked, How do you assess for signs and symptoms of COVID? He stated, The nurses fill out the sheets that I gave you. g. A facility policy titled COVID-19 - Novel Coronavirus provided by the Administrator on 8/10/2020 at 1:24 p.m. documented, Suspicion of COVID -19 Discovered. If a resident exhibits symptoms, fever, cough, shortness of breath, the resident will be placed in Droplet Isolation Precautions Immediately. The physician will then be called, and facility will take direction from the physician. 2. As of 8/11/2020 at 1:00 p.m., the COVID-19 Resident Screening Log for the 100 Hall contained no documentation of screening information for the following dates and shifts: for the 100 Hall. 8/7/2020 3:00 p.m. to 11:00 p.m. shift. 8/6/2020 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. shift. 8/4/2020 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. 8/2/2020 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. 8/1/2020 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. 7/31/2020 3:00 p.m. to 11:00 p.m. shift. 7/30/2020 3 to 11 and 11 to 7 shift. On 8/9/2020, 11:00 p.m. to 7:00 a.m. shift, the temperatures were documented on the Screening Log, but the resident's signs and symptoms were not documented. a. On 8/11/2020 at 1:10 p.m., the Infection Control Preventionist (ICP) was asked, What is the process for Surveillance of COVID-19 resident's Screening Log? The ICP stated, I actually do not know. I know that I do not do it, maybe the Director of Nursing does it. She was asked, When was the last day the Director of Nursing was at work? ICP stated, Last Thursday. She was asked, Who has been reviewing the logs since last Thursday? The ICP stated, I do not know. b. On 8/11/2020 at 1:50 p.m., the ICP provided a Screening Log dated 8/4/2020 that was in the shred box. The ICP stated, I asked the nurse what she does with The COVID-19 Resident Screening Log, and she said that she reviews it and throws them in the shred box. She was asked if that was considered monitoring vital signs and symptoms of COVID-19? The ICP stated, No. c. On 8/11/2020 at 2:05 p.m., the Administrator was asked, Who monitors for signs and symptoms of COVID-19? He stated, The DON (Director of Nursing). He was asked, How often does she monitor? He stated, I am not sure. He was asked, Do you know where all the missing vital sign sheets are, or where we can find the vital signs? He stated, I have looked everywhere, and I found one in Shred-it. I can't find anymore. He was asked, Should it be monitored daily? He stated, Yes. 3. On 8/10/2020 at 12:00 p.m., Certified Nursing Assistant #1 was in the hallway and was wearing a cloth mask. The mask was not applied properly. He was wearing the mask below his nose. a. On 8/10/2020 at 12:05 p.m., the Cook in the kitchen was wearing a surgical mask which was placed below her chin. The Cook was standing over the uncovered food on the steam table. The Cook was asked if she should always be wearing a mask? The Cook stated, Yes, I have Asthma. She was asked if the mask should be pulled down when she was over the steam table with the food present? The Cook stated, I have Asthma. b. On 8/10/2020 at 12:11 p.m., Certified Nursing Assistant #1 was in the hallway and his mask was placed below his mouth. c. On 8/10/2020 at 12:23 p.m., Certified Nursing Assistant #1 was in the hallway and his mask was placed below his nose. d. On 8/10/2020 at 2:30 p.m., the Administrator was asked if the mask should be worn above the nose? The Administrator stated, Yes. The Administrator was informed that a Certified Nursing Assistant was wearing his mask below his nose, and several observations had been made of him wearing the mask below the nose. The Administrator was asked if the mask was supposed to cover the mouth and nose? The Administrator 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.