

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER OUACHITA NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1411 COUNTRY CLUB ROAD 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 - Some	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure staff wore facial mask to properly cover their nose. This failed practice had the potential to affect all 67 residents who resided in the facility, as documented on the Resident Census and Conditions of Residents form provided by the Director of Nursing (DON) on 8/15/2020. The findings are: 1. On 8/15/2020 at 1:15 p.m., during observation of the Kitchen, Dietary cook #1 answered the door. Her mask was beneath her nose. Dietary cook #1 escorted this surveyor through the different areas of the kitchen. Her mask was beneath her nose. She was asked, Should your mask be under your nose? While pulling her mask over her nose, she stated, No, ma'am. 2. A ADH (Arkansas Department of Health) Guidance for Reducing Spread on Covid-19 in Long-Term Care Facilities dated 08/04/2020 documented, .3. All staff should wear masks (surgical) while in the building .		

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.