

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER BATESVILLE HEALTHCARE LLC		STREET ADDRESS, CITY, STATE, ZIP 1975 WHITE DRIVE BATESVILLE, AR 72501	
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.</p> <p>Complaint # (AR 055) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure consistent implementation of proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask and ensuring the face mask covered the nose. The facility also failed to ensure clean linens were stored in a closed or covered linen cart and failed to ensure the clean laundry room was free of food or drinks, to prevent potential cross contamination or spread of infection. These failed practices had the potential to affect 89 residents who resided in the facility, according to the Roster Matrix provided by the Administrator on 8/4/2020. The findings are: 1. On 8/3/2020 at 2:03 p.m., Hospitality Aide (HA) #1 was in the Dining Room serving watermelon and hydration to the residents. Her mask was pushed down on her chin which left her nose and mouth exposed. The Surveyor walked up to her and asked her name and she pulled her face mask up over her nose and mouth. 2. On 8/3/2020 at 2:06 p.m., Dietary Employee (DE) #1 was in the kitchen preparing food to be served to the residents with her mask down below her nose. 3. On 8/5/2020 at 9:31 a.m., Licensed Practical Nurse (LPN) #3 was sitting at the Nurse's Station and her face mask was pulled down below her nose. There were 3 residents sitting around the Nurse's Station. LPN #3 was asked, Is your mask too big for you? She stated, No, it hurts. 4. On 8/5/2020 at 10:59 a.m., Registered Nurse (RN) #1's mask was below her nose. RN #1 was asked, How are you supposed to wear your mask? RN #1 stated, I had it down because my glasses were fogging up. She was asked, How are you supposed to wear your mask? RN #1 stated, Cover my nose and mouth. a. A facility policy titled Mask-Surgical, Cloth, N95 provided by the Administrator on 8/5/2020 at 11:20 a.m. documented, The facility will strive to ensure that PPE (Personal Protective Equipment), mask is worn appropriately and is the appropriate type of mask . before and during a potential infectious situation . Cloth, surgical, disposable, and N95 or equivalent face coverings should fit snugly but comfortably against the side of the face . Be secured with ties or ear loops . Allow for breathing . The Mask policy contained a diagram / picture which displayed the proper way to wear a mask. 5. On 8/3/2020 at 12:00 p.m., the clean linen cart on the 300 Hall was open with the cover of the linen cart lying on top of the linen cart. (The surveyor took a photograph of the linen cart at this time.) 6. On 8/4/2020 at 2:12 p.m., the linen cart on the 500 Hall was not covered. The cover to the linen cart was lying on top of the linen cart which left the clean linens inside the linen cart exposed to the hallway as the residents and staff were walking by. 7. On 8/5/2020 at 10:56 a.m., a glass of tea was sitting on the top shelf in the clean linen closet on the 500 Hall. The Surveyor stated, I wonder who put that there? The Maintenance Supervisor stated, It's not supposed to be there. The Maintenance Supervisor removed the glass of tea. 8. On 8/5/2020 at 11:01 a.m., a drink was on the folding table in the Laundry Room. The Maintenance Supervisor was asked, Are you supposed to have a drink on the folding table? The Maintenance Supervisor stated, No. (Housekeeper #1) you can't have your drink on that folding table. Housekeeper #1 stated, I know. That's mine. a. A facility policy titled Laundry / Linen Handling provided by the Administrator on 8/5/2020 at 11:20 a.m. documented, Facility management will perform surveillance and investigation to prevent, to the extent possible, the onset and spread of infection . Properly store, handle, process, and transport linens to minimize contamination . during the storage and transport . clear separation of clean and contaminated linen area is essential .</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.