STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045139	A. BUILDING _____ B. WING _____	**06/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOMERSET SENIOR LIVING AT MCGEHEE	**700 MARK DRIVE MCGEHEE, AR 71654**

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 0584 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview the facility failed to ensure maintenance services were consistently provided to maintain a safe and comfortable environment and enhance the residents' quality of life by failure to ensure the area around the wall mounted air conditioner units were properly sealed for 2 (Resident #194 and #245) of 3 residents who resided in quarantine rooms on the East Short Hall. This failed practice had the potential to affect all 3 residents who were in quarantine rooms on the East Short Hall, according to the list provided by the Administrator on 6/24/2020. The findings are: 1. On 6/22/2020 at 3:49 p.m., room [ROOM NUMBER] had an approximate one-half inch wide gap around the air conditioner unit which was mounted on the wall. There was sunlight and warm air coming through all 4 sides around the air conditioner unit. a. On 6/24/2020 at approximately 9:32 a.m., room [ROOM NUMBER] had 3 pieces of black tape on 3 sides of a fiberglass reinforced panel (FRP) board, securing it to the wall behind the air conditioner unit and covering the gaps. b. On 6/24/2020 at 9:35 a.m., room [ROOM NUMBER] had an approximate one-fourth inch gap on the top right side of the air conditioner unit. A cut board which was approximately 4 inches long and 6 inches wide had been placed in the area to fill an empty space between two boards. Sunlight was visible through the gap around the cut piece of board. There was no sealant visible. c. On 6/24/2020 at 9:40 a.m., the facility Maintenance Supervisor was asked to describe what was being held in place by the tape. He stated, It's FRP board. They use it in hospitals on the walls to keep them from getting scratched up. The Maintenance Supervisor was asked if any repairs had been made to correct the gaps around the air conditioner unit. He stated, I put braces behind the air conditioner unit about 2 weeks ago to try and secure it better. There used to be a bigger unit in there. He was asked, How long has the unit been this way? He stated, It's been this way since January or February of 2020. I don't think it was being run then, and I don't think anyone was in this room then. He was asked, What is being done to repair the gaps around the unit? He stated, If I have to, I will buy boards and seal the whole thing in and put insulation inside the hole. d. On 6/25/2020 at 12:20 p.m., the facility Maintenance Assistant #1 was asked if he was aware of the one-fourth inch gap on the top right side of the air conditioner unit in room [ROOM NUMBER]. He stated, No. I didn't know it was like this. I'll get some sealant and fix that. e. As of 6/25/2020 at 2:40 p.m., the facility Maintenance Request Log contained no maintenance requests for room [ROOM NUMBER] or room [ROOM NUMBER]. f. On 6/25/2020 at 2:47 p.m., the Administrator was asked, When you get notification of a new admission, does the Maintenance Supervisor check the room to ensure it complies? The Administrator stated, Yes. He goes in before the resident is admitted .
F 0623 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify the resident and / or resident representative or Power of Attorney (POA) in writing of residents ' transfers to the hospital and / or discharge, as required, for 2 (Residents #37 and #41) of 3 sampled residents who were transferred and / or discharged in the past 4 months. This failed practice had the potential to affect 32 residents who were transferred or discharged in the past 4 months, according to a list provided by the Administrator on 6/25/2020 at 3:00 p.m. The findings are: 1. Resident #37 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date of 5/27/20 documented the resident scored 4 (0-7 indicates severe impairment) on a Brief Interview for Mental Status. a. On 2/25/2020 at 6:22 a.m., Resident #37 was transferred to the emergency room at the hospital for evaluation for a bowel obstruction. The Nurses Note dated 2/25/2020 at 6:22 a.m. documented, .The Resident had vomited and was having very loose stools with each peri care. Family and DON (Director of Nursing) notified. Transferred (to the hospital) by ambulance . There was no documentation to indicate the resident and / or representative were notified of the transfer. b. On 6/6/2020 at 6:58 a.m., Resident #37 was sent to the emergency room for evaluation for respiratory difficulty. A Nurses Note dated 6/6/20 at 6:58 a.m. documented, .Noted Elders lips were blue and (the resident was) gasping for air. Diaphoretic. [MEDICAL CONDITION](tracheal) area to let us know she couldn't breathe.[MEDICAL CONDITION] in place with humidity at 28% and O2 (oxygen) (at) 2 L (liters) [MEDICAL CONDITION] . The resident was transported to the hospital by Ambulance. There was no documentation to indicate the resident and / or representative were notified of the transfer. 2. Resident #41 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 6/8/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status. a. On 4/30/2020 at 8:00 a.m., Resident #41 was sent to the emergency room at (local) Hospital for evaluation. A Nurses Note dated 4/30/2020 at 0800 (8:00 a.m.) documented, .This morning the resident states, 'I'm not going to [MEDICAL TREATMENT] today. I am hurting too bad.' New orders were noted to send Elder to ER (emergency room). (Resident) states that she will go to (Local Hospital Name) but not (Hospital Name) . There was no documentation to indicate the resident and / or representative were notified of the transfer. b. On 6/9/2020 Resident #41 went to [MEDICAL TREATMENT], and the Nurses Note dated 6/9/2020 documented, .While Resident and Nurse were waiting in the waiting room (at [MEDICAL TREATMENT] Center), the Resident started having [MEDICAL CONDITION] episodes with tongue protruding out of mouth . EMS (Emergency Medical Services) was notified, and resident was taken to the emergency room . There was no documentation to indicate the resident and / or representative were notified of the transfer. 3. On 6/25/2020 at 9:28 a.m., the Social Services Director was asked if the facility provided a letter to the Resident Representative or POA and Ombudsman when a Resident is transferred to the Hospital or emergency room . She stated, I have been sending a list to the Ombudsman once a month, but I didn't know we were supposed to send a letter to the Resident Representative.
F 0625 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify the resident and / or resident representative or Power of Attorney (POA) of the facility Bed Hold policy upon a resident's transfer to the hospital, as required, for 2 (Residents #37 and #41) of 2 sampled residents who were transferred and / or discharged in the past 4 months. This failed practice had the potential to affect 32 residents who were transferred or discharged in the past 4 months, according to a list provided by the Administrator on 6/25/2020 at 3:00 p.m. The findings are: 1. Resident #37 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date of 5/27/20 documented the resident scored 4 (0-7 indicates

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045139	A. BUILDING _____ B. WING _____	**06/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOMERSET SENIOR LIVING AT MCGEHEE	**700 MARK DRIVE MCGEHEE, AR 71654**

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 0625 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) severe impairment) on a Brief Interview for Mental Status. a. A Nurses Note dated 2/25/2020 documented Resident #37 was transferred to the Hospital for evaluation for Bowel Obstruction, and a Nurses Note dated 5/20/2020 documented the resident returned to the facility. There was no documentation to indicate the resident and / or representative were provided a copy of the facility Bed Hold Policy upon transfer. b. A Nurses Note dated 6/6/2020 documented the resident was transferred to the hospital for respiratory difficulty, and a Nurses Note dated 6/7/2020 documented the resident returned to the facility. There was no documentation to indicate the resident and / or representative were provided a copy of the facility Bed Hold Policy upon transfer. 2. Resident #41 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 6/8/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status. a. A Nurses Note dated 4/30/2020 documented Resident #41 was transferred to the Hospital pain, and a Nurses Note dated 5/5/2020 documented the resident returned to the facility. There was no documentation to indicate the resident and / or representative were provided a copy of the facility Bed Hold Policy upon transfer. b. A Nurses Note dated 6/9/2020 documented the resident was transferred to the Hospital for [MEDICAL CONDITION] episodes, and a Nurses Note dated 6/9/2020 documented the resident returned to the facility. There was no documentation to indicate the resident and / or representative were provided a copy of the facility Bed Hold Policy upon transfer. 3. On 6/25/2020 at 9:40 a.m., the Director of Nursing (DON) was asked if the facility provided a copy of the Bed Hold policy to the Resident Representative or POA when a Resident was transferred to the Hospital or emergency room . She stated, I have been sending a Bed Hold policy with the Resident to the Hospital, but not to the Resident Representative.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** Complaint # (AR 552) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure staff consistently implemented proper infection and control practices to prevent the potential development and transmission of COVID-19 and other communicable diseases and infections by consistently wearing a face mask to cover the nose and mouth. This failed practice had the potential to affect all 43 residents who resided in the facility, according to the Resident Census and Conditions of Residents form dated 6/22/2020. The findings are: a. On 6/22/2020 at 1:12 p.m., during the initial tour of the kitchen, Dietary Aid #1 had a face mask on. Her face mask was covering her mouth and was not covering her nose. Dietary Aid #1 was handling cooking utensils and cleaning counter tops while not wearing her mask appropriately. b. On 6/22/2020 at 4:31 p.m., Dietary Aid #2 had a face mask on. Her mask was pushed down under her chin and was not covering her face. She prepared the pureed meals for 3 residents, moved about the kitchen handling utensils, and served resident meal trays on the serving line while not wearing her mask appropriately. c. On 6/24/2020 at 10:05 a.m., the Dietary Manager was asked, What is the appropriate way to wear a mask? She stated, Over your nose and mouth. I go over that with them all the time. She was asked, How are your staff monitored for Personal Protective Equipment (PPE) use? The Dietary Manager stated, I randomly walk through the kitchen and check them. I tell them they have to wear them correctly. She was asked, Do you have PPE supplies available to your staff? She stated, Yes. She was asked, Who would you notify if you were running out of PPE? She stated, The DON (Director of Nursing). She was asked, Have you ever run out? She stated, No. She was asked, How have you educated your staff on COVID-19? She stated, Through in-services. She was asked, If a staff member develops symptoms of COVID-19 while at work, how would you handle that? She stated, I would send them home. They would have to be tested , and if the test was positive, the rest of the staff would have to be tested . I would notify the Infection Preventionist and then sterilize everything. d. On 6/25/2020 at 2:20 p.m., the Director of Nursing (DON) was asked, What is the appropriate way to wear face masks? The DON stated, Covering your mouth and your nose. She was asked, What is the reasoning for wearing the mask in this fashion? The DON stated, So that airborne droplets are not spread. The only time you shouldn't wear your face mask is if you are in a room alone, or 6 feet apart from someone. e. The facility policy titled Infection Control provided by the Administrator on 6/24/2020 at 9:30 a.m., documented, .Modes (Means) of Transmission are . Airborne can happen when a germ floats through the air after a person talks, coughs, or sneezes . Droplet spread occurs when germs enter the eyes, nose, or mouth of another person . During a potential for exposure of droplet and / or airborne, a mask should be worn to cover the mouth and nose .
F 0883 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement policies and procedures for flu and pneumonia vaccinations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a Pneumococcal vaccine was administered to minimize the potential for acquiring Pneumonia for 1 (Resident #20) of 2 sampled residents whose immunization records were reviewed. This failed practice had the potential to affect 2 residents who did not receive the Pneumococcal vaccine, according to a list provided by the Administrator on 6/26/2020. The findings are: 1. Resident #20 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Annual Minimum Data Set with an Assessment Reference Date of 4/17/2020 documented the resident was severely impaired in daily decision-making skills per a Staff Assessment for Mental Status. a. As of 6/26/2020 at 9:15 a.m., Resident #20's Immunization Record contained no documentation to indicate the resident received, or was offered, the Pneumococcal Vaccine. b. On 6/26/2020 at 9:30 a.m., the Infection Control Preventionist was asked, Do you have a record of a Pneumococcal Vaccination for (Resident #20)? She stated, I'll have to look. He was admitted before I got here. On 6/26/2020 at 9:35 a.m., the Infection Preventionist stated, I don't see a record that he got one. c. The facility policy titled Pneumococcal Vaccine provided by the Administrator on 6/26/2020 documented, .Prior to offering the pneumococcal immunization, each resident, regarding the benefits and potential side effects of the immunization . The individual receiving the immunization, or the resident representative, will be provided with a copy of CDC ' s (Centers for Disease Control and Prevention) current vaccine information statement relative to that vaccine . If necessary, the vaccine information statement will be supplemented with visual representations or oral explanations to assist vaccine recipients in understanding .