

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER ROGERS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1149 W NEW HOPE RD ROGERS, AR 72758	
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>Based on record review and interview, the facility failed to ensure direct care staff members were consistently screened for COVID-19 by another staff member when entering the facility to provide resident care on the night shift (11:00 p.m. to 7:00 a.m.) to prevent the potential transmission and spread of COVID-19. The facility also failed to identify a staff member who had tested positive for COVID-19 and immediately discontinue scheduled visitation at the facility. These failed practices had the potential to affect all 72 residents who resided in the facility, according to the Daily Census List provided by the Administrator on 8/25/2020. The findings are: 1. The Arkansas Department of Health Requirements for Facilities to Expand Visitation Form dated 07/01/2020 documented, The facility has not had a newly identified case of COVID-19 in the last 28 days from the date the facility intends to expand visitation or other activities. All new staff cases are considered newly positive. 2. On 8/28/2020 at 6:08 a.m., CNA #2 was asked, What shift do you work? CNA #2 stated, I work the night shift. CNA #2 was asked, Does a staff member take your temperature, and have you fill out a screening form related to COVID-19 symptoms? CNA #2 stated, That is not happening at night. We usually do ourselves. Take temperature and fill out questionnaire. 3. On 8/28/2020 at 6:19 a.m., Nursing Assistant (NA #1) was asked, What shift do you work? NA #1 stated, I work the third shift (11:00 p.m. to 7:00 a.m.). NA #1 was asked, Does a staff member take your temperature, and have you fill out a screening form related to COVID-19 symptoms? NA #1 stated, We are doing our own screenings. We fill out this paper and take our temperature. 4. On 8/28/2020 at 8:45 a.m., Certified Nursing Assistant (CNA #1) was asked, What shift do you work? CNA #1 stated, I work the night shift (11:00 p.m. to 7:00 a.m.). CNA #1 was asked, Does a staff member take your temperature, and have you fill out a screening form related to COVID-19 symptoms? CNA #1 stated, I was doing my screening myself. Take temperature and answer the questions. CNA #1 was asked, When was the last night that you worked? CNA #1 stated, I work Thursday and Friday nights. The last day I worked was August 20, 2020. When I got home on Friday, I found out a family member tested positive for COVID-19. I notified my lead CNA that day and she told me not to come back to work until I got tested. I have not worked since. I never had symptoms at work. I did have a sore throat for a couple of days but not at work. I got tested on Tuesday (8/25/2020) and found out I tested positive for COVID-19 on Wednesday (8/26/2020). I have not told anybody at the facility that I tested positive. I failed to do that. 5. On 8/28/2020 at 9:08 a.m., the Administrator was asked, Is the facility still allowing visitation? The Administrator stated, Yes. We have a visit going on right now. We are doing them by appointment only, on the front porch. The Administrator was asked, When did you meet the Arkansas Department of Health guidelines to restart visitation in the facility? The Administrator stated, On July 27, 2020. 6. On 8/28/2020 at 10:39 a.m., the Administrator was asked if he was aware of (CNA #1) testing positive for COVID-19? The Administrator stated, There was an obvious breakdown in communication. The Director of Nursing (DON) did instruct (CNA #1) to not come back to work until she got tested for COVID-19. (CNA #1) has not been to work since. We are currently notifying all family members and the Medical Director. I am in the process of notifying all required parties and have cancelled all visitation. The Administrator was asked, Is the staff on the night shift supposed to be taking their own temperatures and filling out the COVID-19 screening form? The Administrator stated, No, and we will address that immediately. 7. On 8/28/2020 at 11:01 a.m., Licensed Practical Nurse (LPN #1) was asked, What shift do you work? LPN #1 stated, I work the night shift. LPN #1 was asked, Does a staff member take your temperature, and have you fill out a screening form related to COVID-19 symptoms? LPN #1 stated, We are doing the screening ourselves. Screenings and temperature checks. 8. On 8/28/2020 at 12:59 p.m., Registered Nurse (RN #1) was asked, What shift do you work? RN #1 stated, I work the night shift. RN #1 was asked, Does a staff member take your temperature, and have you fill out a screening form related to COVID-19 symptoms? RN #1 stated, We usually do ourselves. Take temperature and fill out questionnaire.</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.