

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER INDIAN ROCK VILLAGE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 265 DAVE CREEK PARKWAY FAIRFIELD BAY, AR 72088	
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 - Many	<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 signage was posted on 2 (Resident #1 and #2) of 2 case mix residents' doors who required droplet precautions; the facility failed ensure face masks were worn properly and dirty linen was handled in such a way as to prevent the possible spread of COVID-19. These failed practices had the potential to affect all 22 residents as documented on a list provided by the Administrator on 6/17/2020 at 8:52 a.m. The findings are: 1. On 6/17/2020 at 9:30 a.m., Housekeeping Staff #1 was wearing a facial covering. The facial covering was not covering Housekeeping Staff #1's nose. The Housekeeping staff then pushed a housekeeping cart down the hall past clients with her nose exposed. 2. On 6/17/2020 at 9:37 a.m., Housekeeping Staff #1 was sweeping in a resident's room. Housekeeping Staff #1's facial covering did not cover the staff member's nose. Resident #3 and Resident #4 were sitting in the room at this time. 3. On 6/17/2020 at 9:45 a.m., Housekeeping Staff #1 was asked if she had been trained on how to wear facial coverings. Housekeeping Staff #1 stated, Yes. I know this one is loose, and it does fall. It is supposed to be over the nose, but it falls. I have a whole bag full of them. 4. On 6/17/2020 at 11:14 a.m., Assistant Director of Nursing (ADON), the facility's infection preventionist, was asked if a facial covering should cover a staff member's nose. The Assistant Director of Nursing stated, Yes.</p> <p>5. Resident #1 was admitted on [DATE] and had [DIAGNOSES REDACTED]. a. A physician's orders [REDACTED]. b. On 6/17/2020 at 9:15 a.m., the resident was laying on her bed in her room. There were two red biohazard containers in the room and a there was a three-drawer plastic chest outside of her door. There was no sign on the resident's door to indicate what type of infection control precautions the resident was on. At 10:00 a.m., a droplet precautions sign was on the door. Licensed Practical Nurse (LPN) #1 was asked, Was that sign on the door earlier? She stated, No. She was in a room at the end of the hall and we moved her up here last night. We didn't move the sign with her. It should have been moved with her last night when she changed rooms. 6. Resident #2 was admitted on [DATE] and had [DIAGNOSES REDACTED]. a. A physician's orders [REDACTED]. b. On 6/17/2020 at 9:02 a.m., the resident was in her room. There were two red biohazard bins in the room. There was no sign on the resident's door to indicate what type of infection control precautions the resident was on. At 9:29 a.m., LPN #1 stated, She just came here yesterday. She came from the Assisted Living Side after being in the hospital. The LPN was asked, Is she on isolation? She stated, Yes. They automatically go on for fourteen days. The LPN was asked, What type is she on? She stated, Contact Isolation. The LPN was asked, Is there a sign on the door to indicate what type of isolation / precautions she is on? She stated, No. The LPN was asked, Should there be a sign on this door? She stated, Yes. Absolutely. 7. On 6/17/2020 at 9:03 a.m., Restorative Aide #1 was walking down the hall carrying un-bagged linen. She was carrying the un-bagged linen in her right ungloved hand, to the soiled linen room. At 1:14 p.m., the ADON was asked, Should she have been transporting un-bagged dirty linen down the hall? She stated, No. They should have been bagged.</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.