

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DERMOTT CITY NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>702 WEST GAINES ST DERMOTT, AR 71638</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Complaint # (AR 297) 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 ensuring staff were wearing a face mask appropriately and the face mask covered the nose. This failed practice had the potential to affect all 37 residents who resided in the facility, as documented on the Resident Census and Conditions of Residents form provided by the Director of Nursing on 8/19/2020. The findings are: a. On 8/19/2020 at 1:00 p.m., Dietary Cook #1 opened the kitchen door to allow entrance. Her face mask was beneath her nose. She was asked, Should your face mask cover your nose and mouth? She stated, Yes, ma'am. She pulled the face mask up over her nose. She stated, I had to pull it down to talk to you. Another Dietary Employee was also present in the kitchen. b. On 8/19/2020 at 1:20 p.m., Certified Nursing Assistant (CNA) #1 was sitting in the front lobby at the COVID-19 Screener Table. A female resident was sitting on the sofa in the front lobby near CNA #1. CNA #1 was operating her cell phone and her face mask was beneath her nose. CNA #1 was asked, Should your mask cover your face and nose? She stated, Yes, ma'am. c. A facility in-service titled Infection Control dated 6/20/2020 and provided by the Administrator on 8/19/2020 documented, Face mask should cover your nose and mouth .		
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.