

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LITTLE RIVER NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>162 HWY 32-2A ASHDOWN, AR 71822</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure infection control measures were consistently implemented to minimize the potential for the spread of disease/COVID-19 and cross-contamination when staff had worn Personal Protective Equipment (PPE) gown into an isolation room, failed to leave or disinfect supplies taken into the isolation room, and failed to ensure soiled isolation trash and laundry bags were properly removed from an isolation room for 1 (Resident #1) of 2 (Residents #2 and #3) case mix residents who were on isolation precautions. These failed practices had the potential to affect 13 residents who resided on the 300 Hall as documented on a list provided by the Administrator on 6/23/20. The findings are: 1. Resident #2 had [DIAGNOSES REDACTED]. a. A Physician's Telephone Order dated 6/15/20 documented, . 2) Place resident on airborne precautions . b. The Care Plan dated 6/13/20 documented, When resident returned, Res (Resident) was placed on isolation precautions per facility protocol for readmitting during this Covid Crisis. c. A Nurses Note dated 6/12/20 at 7:05 p.m. documented, Res back to facility (after) being OOP (out on pass) by family. Res placed on isolation (droplet) precautions per facility policy . d. A Nurses Note dated 6/16/20 at 9:10 a.m. documented, .cont. (continues) on airborne isolation d/t (due to) facility protocol . e. On 6/22/20 at 1:49 p.m. the resident's door had a sign posted on the closed door that documented, Airborne Precautions. where Housekeeper #1 pulled housekeeping cart in front of the doorway. The Housekeeper put on an N95 mask over the facemask, gloved, gathered a container of Clorox wipes and a hand-held tray of cleaning supplies, knocked and entered the isolation room without having donned a gown. The Housekeeper went into the bathroom with the tray of supplies, came out of the bathroom with a wipe, went to the bedside table and wiped the table without the scrub suit having touched the table then went into the bathroom. At 1:53 p.m. the Housekeeper came out the bathroom to the shelf hanging over the door, removed a red and a yellow plastic bag and re-entered the room into the bathroom. At 1:55 p.m. Housekeeper #1 came out of the bathroom to the lidded red foot pedal hamper, opened the hamper, removed the red trash bag, placed the red trash bag inside a large red trash bag, came to the doorway, and placed the red trash bag on top of the mop bucket on the housekeeping cart. The Housekeeper then returned into the bathroom in the isolation and at 1:56 p.m. came out of the bathroom with a large yellow trash bag brought to the housekeeping cart, placed on top of the cart, then returned into the isolation room bathroom. At 1:57 p.m. Housekeeper #1 came out of the bathroom with the hand-held tray of supplies. Housekeeper #2 came to the cart, with gloved hands picked up both the large red and the yellow trash bags, stated, I'm taking these to the isolation room. and left the hall. Housekeeper #1 then sat the hand-held tray of supplies on top of the cart. At 1:58 p.m. Housekeeper #1 was asked what was in the hand-held supply tray and the Housekeeper stated, Some Chlorox bleach, some disinfectant, have my gloves (box of gloves), hand sanitizer, Lysol spray, and disinfectant spray Dual PH7Q, some trash bags, roll of tissue, brush for toilet, the sink, the shower. Also seen on the tray was a package of Right Fit brand aloe cleansing cloths. f. On 6/23/20 at 1:58 p.m. the Housekeeping Supervisor was asked if housekeepers were to wear a PPE (personal protective equipment) gown when going into an isolation room. The Housekeeper stated, Yes suppose to don the gown before going in. g. On 6/23/20 at 2:12 p.m. Housekeeper #1 was asked if should have worn a gown over scrub suit on 6/22/20 when entered the isolation room and the Housekeeper stated, Yes. The Housekeeper was asked if should cover with a PPE gown before going into an isolation room and Housekeeper #1 stated, I should have. The Housekeeper was asked if cleaning supplies in the hand-held tray should have been taken inside the isolation room. The Housekeeper stated, I should have taken anything off that I needed to clean that room with. Disinfected what I took in. The Housekeeper was asked if the red trash bag and the yellow laundry bag are to be taken out of the isolation room and placed on top of the housekeeping cart. Housekeeper #1 stated, No. The Housekeeper was asked what was to be done to handle the plastic bags out of the isolation room and the Housekeeper stated, Suppose to have another housekeeper take them. 2. The facility policy entitled, Airborne Isolation Policy received from the Administrator on 6/22/20 documented, To prevent the spread of harmful organisms to another person. Policy: Any resident diagnosed or suspected to have organisms that travel via air Procedure: .gown is to be placed on before entering room. .All items taken into the room are to be .left in the room until resident is discharged from isolation. (clean non-disposable items with appropriate bleach wipes) .</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.