

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER SOUTHFORK RIVER THERAPY AND LIVING		STREET ADDRESS, CITY, STATE, ZIP 624 HWY 62/412 WEST SALEM, AR 72576	
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 observation, interview and record review, the facility failed to ensure appropriate (PPE) Personal Protective Equipment) was donned prior to entry into a 1 of 4 Quarantine droplet isolation room (300 hall) to prevent the potential for the spread of infection during a COVID-19 Pandemic. This failed practice had the potential to affect 4 residents who were on Quarantine droplet isolation. The facility also failed to ensure a separate glucometer was used for residents on Quarantine and non-Quarantine residents to reduce potential transmission of infection in 1 of 1 facility. This failed practice had the potential to affect 5 residents on the 300 hall. The findings are: 1. On 9/9/2020 at 10:15 AM, in a resident's room on the 300 hall, there were two therapists, Certified Occupational Therapy Assistant (COTA) #1 and Physical Therapy Assistant (PTA) #1 who assisted the resident who was on quarantine. The two therapists did not have on face shields or goggles. The resident's door held two signs, one that stated contact isolation and one that documented, droplet precautions Everyone must: .make sure their eyes, nose and mouth are fully covered before room entry . A photo was taken at this time of the therapists inside the room with the resident. When the two therapists were asked why they weren't wearing a face shield or goggles, their response was, They told us we didn't have to wear the face shield or goggles. 2. At 10:23 AM the Director of Nursing (DON) was asked if anyone entering the droplet isolation Quarantine rooms should don the appropriate PPE. She stated, Yes. She was asked, For droplet isolation what is the appropriate PPE that should be donned prior to entering the room? She stated, .mask, gown, goggles or shield and gloves. She was asked, Do you expect the employees of this facility or it's contracted, staff to follow the facilities policies? She stated, Yes, of course. 3. On 9/9/2020 at 12:12 PM, Licensed Practical Nurse (LPN) #1 was at a room on the 300 hall, gathering supplies from the medication cart. Opening the top drawer, LPN #1 removed a light blue glucometer, sat it on top of the cart, reached back into the drawer removed a strip and placed it into the glucometer. LPN #1 picked up the glucometer entered, the Quarantine droplet isolation room, checked the residents blood glucose and returned the glucometer to the top of the medication cart. LPN #1 was asked if that glucometer was the only one used on the floor? She stated, Yes. She was asked, How many residents do you do glucose checks on this hall? She stated, Three or four. She was asked, This glucometer is used on everyone for this hall? She stated, Yes. She was asked, How many times does this resident have her blood glucose checked? She stated, AC and HS (before meals and at bedtime) . She was asked, So four times a day this glucometer is taken into the Quarantine room and brought back out for use on other non-Quarantine residents? She stated, Well yes, but we clean it. She was asked, Should the same glucometer be used on Quarantine droplet isolation, be used on non-isolation residents? She stated, I should have just left it in the room, I'm sorry. A contact isolation sign on the resident's door documented, .Use dedicated or disposable equipment . 4. On 9/10/2020 at 2:07 PM, Housekeeper #1 was working inside a resident's room who was in Quarantine isolation on the 300 hall. Housekeeper #1 had a ball style hat on with goggles propped on top of it. Housekeeper #1 picked up trash inside the room, spoke to the resident inside the room working with the therapists. When he saw this surveyor, he turned his back to this surveyor and put the goggles on as they should have been. When asked, Do you know why you are required to wear goggles while in this resident's room? He stated, No, idea. Do you know what Quarantine is? He stated, I think. Do you know that this resident is on Quarantine isolation? He stated, I do now. 5. An Isolation . Policy Statement . Droplet Precautions . provided by the Administrator on 9/10/20 documented, Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets . (.that can be generated by the individual coughing, sneezing, talking) . gloves, gown and goggles should be worn if there is risk of spraying respiratory secretions .</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.