

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALLAY HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3115 BOWMAN ROAD LITTLE ROCK, AR 72211</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask per policy and procedure guidelines. This failed practice had the potential to affect all 26 residents residing in the nursing home as documented on the Census report provided by the Administrator on 6/8/2020. The findings are: 1. Resident #3 had a [DIAGNOSES REDACTED]. A review of labs documented a faxed result on 6/10/2020 documented [DIAGNOSES REDACTED]-CoV-2 detected. Evidence of possible recent 1019-nCoV Infection identified. A positive test indicates the presence of nCoV ([DIAGNOSES REDACTED]-CoV2) RNA [MEDICAL CONDITION] that causes coronavirus disease (COVID-19). 2. On 6/8/2020 at 10:46 a.m., Housekeeper #1 was observed on the 100 Hall with an N95 mask on. The ties located on the mask were not secured on the base of the neck; it was hanging below her chin. She was asked, When was the last training on donning Personal Protective Equipment (PPE)? She stated, Last week I think. She was asked, Do you have your mask on correctly? She stated, Yes. I do. 3. On 6/8/2020 at 10:55 a.m., Certified Nursing Assistant (CNA) #1 was observed with an N95 mask on at the nurses' station. The ties located on the mask were not secured on the base of the neck; it was hanging below her chin. CNA #1 was asked, What hall do you work on? She stated, 100 hall. She was asked, When were you last trained on donning PPE? She stated, I just started yesterday. She was asked, Were you trained on applying PPE? She stated, Yes. She was asked, Do you have your mask on correctly? She stated, No. Cause there too tight. 4. On 6/8/2020 at 10:57 a.m., CNA #2 was observed with an N95 mask on at the nurses' station. The ties located on the mask were not secured on the base of the neck it was hanging below her chin. CNA #2 was asked, What hall do you work on? She stated, 100 hall. She was asked, When were you last trained on donning PPE? She stated, I started a month ago and (&amp;) yes we were trained. She was asked, Do you have your mask on correctly? She stated, No. Because it's too tight and it fogs up my glasses. 5. On 6/8/2020 at 11:00 a.m., the Administrator called the former Director of Nursing (DON) to ask about the date of the in-service (pertaining to donning PPE correctly). She stated, She did an in-service on March 23, April 23, and May 24 or 25, 2020. She also stated that PPE is part of their orientation when hired. 6. On 6/8/2020 at 2:58 p.m., a review of the Pandemic-Prevention of Person-To-Person Transmission documented, .Policy: It is the policy of this facility to institute appropriate infection control practices to assist in preventing the spread of infections. The PPE: N95 respirators or surgical face mask while in resident care area; use optimizing of PPE techniques per CDC (Centers for Disease Control) recommendations. The Staff Competency Checklist for PPE documented, .Mask or respirator secure ties or elastic bands at middle of head and neck. 7. On 6/9/2020 at 3:48 p.m., a review of in-service documentation documented an undated in-service documenting PPE Donning/Taking off check-offs.</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.