

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER ALLAY HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3115 BOWMAN ROAD LITTLE ROCK, AR 72211	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 613) was substantiated, all or in part, with these findings: Based on observation, record review, and interview the facility failed to ensure that appropriate COVID -19 screening procedures were consistently followed, failed to ensure that the thermometer used for employee temperatures was sanitized after each use; and failed to ensure that masks were worn appropriately by employee's to prevent potential cross contamination and the development and transmission of COVID -19. These failed practices had the potential to affect 22 residents as per a Daily Census List provided by the Administrator on 7/20/2020 at 11:09 a.m. The findings are: a. An In-service Education Report dated 4/3/2020 documented, . 1. Masks must be worn at all times while in the building. b. An In-Service Education Report dated 6/6/2020 documented, . Masks must be worn by staff at all times! No Exceptions! . c. An In -Service Education Report dated 6/24/2020 documented, . Everyone must come in 300 Hall to have temp checked every day until further notice. You cannot clock in then get temp checked. Temp must be checked first. d. On 7/20/2020, the Start of Shift Employee Screening Logs were reviewed for 07/18/2020 and 07/19/2020. One page from the July 18th, 2020 and one page from the July 19th, 2020 did not have signatures present in the Screener Signature space. e. On 07/20/2020 at 2:50 p.m., Certified Nursing Assistant (CNA) #1 exited Resident room [ROOM NUMBER]. CNA #1 had her mask pulled down under chin. The CNA's nose and mouth were exposed and visible. When CNA #1 saw this surveyor on the Hallway, she put her mask back into place. f. On 07/20/2020 at 2:53 p.m., this Surveyor was standing close to the nurse's station at the beginning of 100 Hall. A staff member entered facility through the door at the end of 300 Hall. CNA #2 took her own temperature and started to fill out a screening form present on an overbed table by the door. A thermometer was present on the over bed table. CNA #2 was asked if she always took and documented her own temperature? CNA #2 stated, she was in a hurry that is why she took her temperature. As this surveyor was talking to CNA #2, Licensed Practical Nurse #1 (LPN) #1 walked down the hallway, came to the door, and asked CNA #2 why she had taken her own temperature. LPN #1 then picked up the same thermometer and took temperature of CNA #2. LPN #1 was asked if thermometer should be cleaned between uses and she stated, It probably should have been cleaned. g. On 07/20/2020 at 2:59 p.m., the Director of Nursing (DON) was asked if staff members had been taking their own temperatures when arriving to work and doing their own screening. She stated, Yes. They have been told not to, The Nurse assigned to 300 Hall should do it. When asked if the thermometer should be cleaned after each use. She stated, Yes. When asked the correct way of wearing a face mask. She stated, It should cover the mouth and nose.</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.