

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER BARNES HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1010 BARNES STREET LONOKE, AR 72086	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record reviews and interviews, the facility failed to ensure the surveillance of residents for signs and symptoms of Covid-19 was implemented according to the policy and procedure; failed to ensure the signage for droplet/respiratory and contact isolation were visible to alert staff of isolation precautions for 3 (Residents #1, #2 and #3) of 3 residents on isolation and failed to ensure current COVID-19 education was provided to all staff to prevent the potential transmission of infection throughout the facility. These failed practices had the potential to affect all 55 residents residing in the facility as documented on the midnight census report provided by the Director of Nursing (DON) on 5/27/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. a. The May 2020 Physician orders [REDACTED]. Start Date 05/24/2020 . b. On 5/26/2020, during initial rounds an isolation container was noted outside Resident #1's room. Licensed Practical Nurse (LPN) #2 was asked if we could inspect the containers, at 10:56 a.m., the container outside of the door had no sign identifying type of isolation, the isolation container contained; masks, shoe coverings, gloves, yellow and red bags. (Photo taken at this time). LPN #2 was asked what type of isolation is the resident in? She stated, Droplet isolation. 2. Resident #2 had [DIAGNOSES REDACTED]. a. The May 2020 Physician order [REDACTED]. start date 05/15/20 . b. On 5/26/2020 at 10:48 a.m., during initial rounds Resident #2 had an isolation container with an isolation sign on top of it identifying droplet. At 10:58 a.m., the sign was covered up. (photo taken at this time). The container contained, yellow and red trash bags. 3. Resident #3 had [DIAGNOSES REDACTED]. a. The May 2020 Medication Administration Record [REDACTED]. start date 5/26/20 . b. On 5/26/2020, during initial rounds at 10:55 a.m., Resident #3 had an isolation container outside the door. The container had only red bags and gloves with a droplet sign on the container. (photo taken at this time). 4. As of 5/26/20, the surveyors were unable to locate the surveillance the facility was to initiate on all residents that would consist of active temperature check and monitoring specific symptoms; cough, sore throat, shortness of breath, fever, headache, diarrhea, loss of appetite chills and body aches identified in the policy and procedure for COVID-19. 5. Staff Interviews: a. On 5/26/2020 at 10:21 a.m., Housekeeper #1 was asked where is the Personal Protective Equipment (PPE) supply stored? Stated, I don't know I just started. b. At 10:25 a.m., Housekeeper #2 was asked where is the PPE supply stored? Housekeeper #2 stated, I don't know. Who would you go to if you needed a mask or gloves? Stated, My supervisor. c. At 10:47 a.m., LPN #1 was asked, should there be a sign on the resident's door telling you they are on isolation and what type? LPN #1 stated, Administration lets us know, we have a sign on the door, barrels in the rooms and isolation cart is outside the door. d. At 10:55 a.m., Housekeeper #3 was asked where the PPE equipment was stored? Housekeeper #3 stated, I really don't know. When were you last trained on COVID-19? Housekeeper #3 stated, I really can't remember. e. At 11:37 a.m., Certified Nursing Assistant (CNA) #2 was asked, should there be a sign on the resident's door telling you they are on isolation and what type? CNA #2 stated, The nurse will tell us what it is, the sign says contact isolation, so we go to the nurse to find out what it is. 6. On 5/26/2020, the DON was asked to deliver all in-services provided to staff on COVID-19. At 11:42 a.m., the DON provided two in-service records both dated 3/24/2020. Topics for in-services were: COVID-19 with a total of 37 staff signatures and Handwashing with a total of 37 staff signatures. Surveyors were unable to determine the various signatures on the in-service lists. 7. On 5/27/2020 at 7:00 a.m., a review of the contact isolation precautions provided by the DON on 5/26/2020 documented, .Use of Personal Protective Equipment (PPE) Wear gloves whenever touching the patients' intact skin or surfaces and articles in close proximity to the patient. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. Droplet/Respiratory Isolation Precautions documented, .mask with face shield, gown, gloves. 8. On 5/27/2020 at 7:30 a.m., the (Facility's) COVID-19 policy and procedure provided by the DON on 5/26/2020 documented, .surveillance initiated on all patients that will consist of active temperature check and monitoring specific symptoms; cough, sore throat, shortness of breath, fever, headache, diarrhea, loss of appetite chills and body aches. All residents who go out of the facility to acute care or an essential procedure will remain in quarantine for 14 days at the facility. All residents who admit/readmit from acute care or high-risk facility will be on droplet precautions for 14 days. 9. On 5/27/2020 at 10:46 a.m., LPN #2 was asked, where should documentation related to monitoring for signs and symptoms of COVID-19 be documented? LPN #2 stated, Under progress notes. She was asked to review Resident #3's progress notes and identify if the documentation was present? LPN #2 stated, No ma'am. At 10:50 a.m., the DON was asked should the policy and procedure for documenting signs and symptoms be followed? The DON stated, Yes it should.</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.