

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2020
NAME OF PROVIDER OF SUPPLIER LONGMEADOW NURSING CENTER - CAMDEN		STREET ADDRESS, CITY, STATE, ZIP 365 ALPHA STREET CAMDEN, AR 71701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 414) was substantiated, all or in part, with these findings: 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 and infection, as evidenced by: failure to ensure direct care staff followed universal precautions and washed or sanitized their hands between resident-to-resident contact during the provision of direct care for temperature checks, to prevent cross-contamination and the potential spread of infection for 6 (Residents #1, #2, #3, #4, #5, and #6) of 7 (Residents #1, #2, #3, #4, #5, #6, and #7) case mix residents who had their temperatures checked on the B-Hall; failure to ensure staff followed manufacturer's instructions and properly cleaned and disinfected the digital thermometer utilized to perform temperature checks before and after use to decrease the potential for the spread of disease and infection for 6 (Residents #1, #2, #3, #4, #5, and #6) of 7 (Residents #1, #2, #3, #4, #5, #6, and #7) case mix residents who had temperatures checked with the same digital thermometer, and 1 (Resident #6) who was in contact isolation and also had their temperature checked with the same digital thermometer; failure to ensure staff utilized / wore the correct personal protective equipment (PPE) of gowns and gloves while providing care to a resident on contact isolation to prevent the potential spread of infection from an isolation room for 1 (Resident #6) of 1 (Resident #6) case mix resident who was in contact isolation. These failed practices had the potential to affect 1 resident who was on contact isolation on 3/26/2020, and 7 residents who resided on the B Hall and received care from Certified Nursing Assistant (CNA) #1, as documented on a list provided by the Administrative Assistant on 3/31/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/11/20 documented the resident scored 0 (0-7 indicates severely impaired) on a Brief Interview for Mental Status (BIMS) and had no infections. a. On 3/26/2020 at 2:49 p.m., the door of the resident's room was wide open. Certified Nursing Assistant (CNA) #1 was at the resident's bedside checking the resident's temperature with the digital thermometer on the left temporal area of the resident's head. CNA #1 removed the thermometer, walked out of the resident's room, walking past a table with a large pump container of alcohol-based hand sanitizer without stopping to sanitize her hands. CNA #1 held the digital thermometer in her right hand, held a small packet of alcohol wipes in her left hand, and wiped the thermometer head with the corner of the alcohol wipe while she was walking into another resident's room. 2. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly MDS with an Assessment Reference Date (ARD) of 1/7/20 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status and had no infections. a. On 3/26/20 at 2:50 p.m., CNA #1 exited the resident's room and had not washed or sanitized her hands. CNA #1 walked past a hallway station with a large pump container of alcohol hand sanitizer available without stopping to sanitize her hands and entered the resident's room. The door to the resident's room was wide open and the CNA went to the resident who was seated in a chair. CNA #1 took the digital thermometer and placed it on the resident's left temporal / forehead area briefly. She removed the thermometer, held the same small alcohol wipe with the wipe partially out of the packet in her left hand, and at 2:51 p.m. exited the resident's room. CNA #1 did not cleanse / disinfect the digital thermometer. The CNA did not sanitize or wash her hands. 3. Resident #3 had [DIAGNOSES REDACTED]. The resident's admitted was 3/16/20 and the Admission Minimum Data Set (MDS) was not completed. a. On 3/26/2020 at 2:51 p.m., CNA #1 had not sanitized or washed her hands after contact with Resident #2 and entered Resident #3's room. CNA #1 walked to the resident's bedside and placed the digital thermometer to the resident's skin on the left side of the head. She removed the thermometer and wiped the end of the digital thermometer with the same corner of the small alcohol wipe previously used which was still in the partially opened packet. CNA #1 walked out of the resident's room without sanitizing or washing her hands. CNA #1 did not go to the alcohol hand sanitizer station in the hallway and sanitize her hands before or after resident contact. 4. Resident #4 had [DIAGNOSES REDACTED]. The Annual MDS with an ARD of 3/6/20 documented the resident scored 15 (13-15 indicates cognitively intact) and had no infections. a. On 3/26/2020 at 2:52 p.m., CNA #1 entered the resident's room without sanitizing or washing her hands. The door to the resident's room was wide open. The thermometer had not been properly cleansed with an alcohol wipe prior to being placed on the resident's temporal area. At 2:53 p.m. CNA #1 walked over to the resident's room-mate's bedside without sanitizing or washing her hands, and without cleaning the thermometer. CNA #1 continued to hold the same small partially opened small alcohol wipe packet in her left hand. 5. Resident #5 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 2/17/20 documented the resident was moderately impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status and had no infections. a. On 3/26/2020 at 2:53 p.m., CNA #1 placed the digital thermometer on the resident's forehead and checked the temperature of the resident. The digital thermometer was used to check Resident #5's temperature without having been cleaned after checking the room-mates temperature. The CNA did not wash or sanitize her hands prior to contact with this resident and after having had contact with the roommate. The CNA exited the resident's room at 2:54 p.m. and wiped the thermometer with the same side of the partially opened small alcohol wipe. 6. Resident #6 had [DIAGNOSES REDACTED]. The Annual MDS with an ARD of 3/23/20 documented the resident scored 12 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status and had no infections. a. A physician's orders [REDACTED].C (Culture) (and) S (Sensitivity) wound abdomen . DX (diagnosis) Non-healing surgical wound . b. A laboratory report form dated as collected on 2/19/2020 at 11:00 a.m. and reported on 2/22/2020 at 5:48 p.m. documented, .Microbiology Report . Staphylococcus Aureus . Antimicrobial Amp / Sulbactam . S (Susceptible) . [MEDICATION NAME] . R (Resistant) . [MEDICATION NAME] . R . [MEDICATION NAME] . R . Pencillin . R . c. A Physician's Telephone Order dated 2/22/2020 at 8:00 a.m. and signed by Registered Nurse (RN) #1 documented, .Contact Isolation . Dx . Staphylococcus Aureus wound abdomen . d. A physician's orders [REDACTED].#1 documented, .Bactrim DS (Double Strength) 1 tab PO (by mouth) BID (twice a day) (times) 10 days . e. A Physician's Telephone Order dated 3/23/2020 documented, .Repeat C (culture) (and) S (Sensitivity) wound abdomen . Dx . non-healing surgical wound . f. The Resident Plan of Care dated 3/23/2020 documented, .Infection Problem . Resident has active infection in . Wound-abdomen as evidenced by . Drainage . Abnormal Cultures . Related to Resident [DIAGNOSES REDACTED]. Goal . Resident will have no signs or symptoms of active infection by next review . Resident will receive clinical support to minimize potential risks for opportunistic infections as evidenced by . Observance of frequent handwashing . Minimize potential exposure risks . Observe contact isolation precautions until 2 negative cultures of wound received . Approaches . Encourage good clean hygiene techniques to avoid cross-contamination, especially hand washing . g. A laboratory report form with a collection date of 3/23/2020 at 10:45 a.m. and a reported date of 3/26/2020 at 8:59 a.m. documented, .Microbiology Report . Staphylococcus Aureus . Antimicrobial . Resident has completed 2 rounds of Bactrim DS (Double Strength) BID (twice daily) (times) 10 days with very little, if any improvement . Can we please try something different this time . He continues on contact isolation . (Physician's note) . D/C (discontinue) Bactrim . (Start) [MEDICATION NAME] 500mg (milligrams) PO (by mouth) BID (twice daily) (times) 10 days . h. Physician's Telephone Order dated 3/26/2020 at 10:00 a.m. and signed by RN #1 documented, .[MEDICATION NAME] 500 mg po (by mouth) BID (twice daily) (times) 10 days . Dx (diagnosis) . Staphylococcus Aureus wound abdomen . i. On 3/26/2020 at 2:30 p.m., during the initial rounds, a red sign posted on the</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>door of the resident's room documented. .Contact isolation . j. On 3/26/2020 at 2:54 p.m., CNA #1 walked to the small drawered cabinet in the hallway outside of the resident's room where a large pump bottle of alcohol-based hand sanitizer was located. The CNA placed the digital thermometer, a partially opened small packet of alcohol wipe, 1 unopened small packet of alcohol wipe, and a sheet of paper with recorded residents' temperatures on the top of the cabinet. The partially opened alcohol wipe packet had a partially exposed white alcohol wipe with 2 small pieces torn off of the corner of the wipe. At 2:55 p.m., CNA #1 placed a glove on each hand without having sanitized her hands, picked up the digital thermometer, the sheet of paper, and entered the resident's isolation room without donning an isolation gown. The door of the resident's room was wide open, with a full view into the resident's room from the hallway. At 2:57 p.m., the CNA went to the resident who was seated in a wheelchair in the room, held the sheet of paper in her left hand, and the digital thermometer in her right hand. She placed the digital thermometer on the temporal area of the resident's head. CNA #1 removed a pen from the pocket of her scrubs (uniform), placed the sheet of paper against the wall, wrote on the paper, and placed the pen back into her scrubs pocket. At 2:58 p.m., CNA #1 removed the gloves, lifted the lid to a large barrel with a red plastic bag insert, threw the gloves into the barrel, replaced the lid, continued to hold the paper, and exited the resident's isolation room, and walked to the table in the hallway outside of the isolation room. At the table, CNA #1 placed the sheet of paper and the uncleaned digital thermometer on the table and sanitized her hands. At 2:59 p.m., she placed a disposable glove on her left hand only and entered the isolation room. She went to stand next to the resident's left side, reached over and with both hands pushed a top drawer back into the chest of drawers located next to the resident. CNA #1 removed the glove from her left hand and lifted the lid to the large barrel with the red plastic bag. She threw the glove inside the barrel, replaced the lid, and exited the resident's room. She walked to the hallway table outside of the isolation room and sanitized both hands. At 3:00 p.m., CNA #1 picked up the digital thermometer and sheet of paper and walked to the A-Hall Nurses Station. She placed the sheet of paper and the digital thermometer that had not been cleaned onto the counter at the Nurses Station. At 3:02 p.m., the CNA went into a bathroom across from the Nurses Station, and with the door opened, CNA #1 washed her hands for approximately 1 minute. 7. On 3/26/2020 at 4:45 p.m., CNA #1 was asked, What was used to cleanse the digital thermometer? CNA #1 stated, I was using the alcohol wipe, tearing off the corner, and wiping with that. CNA #1 was asked, What type of cleaner was to be used on the digital thermometer? CNA #1 stated, As far as I know, alcohol pads. CNA #1 was asked if the thermometer was to be cleaned between each resident use. CNA #1 stated, Supposed to. CNA #1 was asked, When a resident is in contact isolation, what should be worn when there is contact with the resident? CNA #1 stated, Basic contact, wear gloves, full contact, if airborne, mask, wear gown, and gloves. CNA #1 was asked if there was alcohol-based hand sanitizer in the hallway where she had walked past to go from room-to-room during the temperature checks. CNA #1 stated, I was in a hurry. CNA #1 was asked if hands were to be washed or sanitized between resident care. CNA #1 stated, Yes. CNA #1 was asked if there had been a recent in-service on hand sanitizing. CNA #1 stated, Yes. 8. On 3/31/2020 at 11:00 a.m., RN #1 was asked if hands should be sanitized or washed between resident care. RN #1 stated, Yes. RN #1 was asked if the digital thermometer was to be cleansed between resident use. RN #1 stated, Yes. RN #1 was asked, When going into a contact isolation room, are gown and gloves to be worn before resident contact? RN #1 stated, Yes. RN #1 was asked if resident care items, such as digital thermometers, were to be cleansed when taken out of an isolation room. RN #1 stated, Thermometers we clean. RN #1 was asked if a sheet of paper should be taken into an isolation room since it would be difficult to cleanse without smearing or damaging the writing. RN #1 stated, No. RN #1 was asked, For a resident on isolation, when should hands be sanitized or washed before gloving? RN #1 stated, Before going into the isolation room. RN #1 was asked if staff should wear gloves on each hand when an isolation room is entered. RN #1 stated, Yes. 9. The manufacturer's instructions for the digital thermometer provided by the Administrative Assistant on 3/30/20 documented, .Intended Use . A (Name) thermometer is a device which enables accurate body temperature measurements obtained by using a unique probe, which measures the head flow from the blood vessels to the skin and converts it to body temperature from the temple area in approximately 6 to 8 seconds . Caution . Clean the thermometer probe before storing . Taking Temperature . Use this thermometer on a clean dry forehead. Wipe away any perspiration, move hair aside from the temporal area and apply the probe to bare skin . How to care for this product . *Wipe the tip and probe with a cotton swab moistened with 70% [MEDICATION NAME] alcohol before (and) after each use. After cleaning, wait at least 2 minutes before taking a measurement for the unit to re-adjust to room temperature . 10. The facility policy titled Infection Control Program provided by the Administrative Assistant on 3/26/20 at 5:47 p.m. documented, .This facility will maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection . Intent . The intent of the Infection Control Program of (Facility) is to assure that this facility has an infection control program which . 1. .prevents infections in the facility. .h. Direct caregivers will wear gloves during contact with residents at all times and will wash their hands after removal of their gloves . n. There will be proper use of disinfectants, antiseptics and germicides in accordance with the manufacturers' instructions . to avoid harm to staff . and ensure its effectiveness . t. Employees must wash hands after removing gloves . 11. The facility policy / guidelines titled Infection Control Principles provided by the Administrative Assistant on 3/26/20 at 5:47 p.m. documented, .The Centers for Disease Control and Prevention (CDC) . issues guidelines to protect people and prevent the spread of infection . 1. Control of the infection at the source . Carry out correct handwashing techniques . Follow policies for facility disinfection . 2. Control of infection at the transmission level . Wash hands before and after caring for each client . 12. The facility policy titled Preventing Spread of Infection by Proper Handwashing provided by the Administrative Assistant on 3/26/20 at 5:47 p.m. documented, .(Facility) requires that staff wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice . Intent . The intent of this policy / regulation is to assure that staff use appropriate hand washing techniques to prevent the spread of infection from one resident to another . 1. Procedures must be followed to prevent cross-contamination, including handwashing or changing gloves after providing personal care, or when performing tasks among individuals which provide the opportunity for cross-contamination to occur . 2. Handwashing facilities are readily accessible to staff . 3. Periodic in-service is held on proper handwashing techniques and all staff are required to attend . 13. The facility procedure form titled Isolation Procedure provided by the Administrative Assistant on 3/26/20 at 5:47 p.m. documented, .Basic Purpose . To halt all communication between infectious sources and their targets . There are varying degrees of isolation depending on the character of the infective organism and the manner of its spread . Procedure . 1. Before entering room, immediately wash hands . and use hand sanitizer . use gloves . 7. After caring for patient wash hands thoroughly with soap and water . Remove . gown . 8. .use hand sanitizer . 14. The facility procedure form titled Isolation Technique provided by the Administrative Assistant on 3/26/20 at 5:47 p.m. documented, .A technique which provides for the needs of a patient with a communicable disease, yet prevents the transmission of the disease to others . Purpose . 1. To prevent transmission of a communicable disease either by direct or indirect contact . 2. To confine contamination to the fewest number of articles possible . Prerequisites . 2. gowns outside of room . 6. .hand sanitizer . All who come in close contact with patient must wear gowns . along with gloves . Gown Technique . When entering a unit do not touch anything until gownned . 15. The facility procedure form titled Isolation Procedure provided by the Administrative Assistant on 3/26/20 at 5:47 p.m. documented, .Purpose . To prevent the transmission of infections from one patient to another and other personnel . General Instructions . Contact Isolation . usually ordered on patients having diseases that are spread mainly through discharges of the skin and mucous membrane . Gown and glove technique is used . 16. A form titled Topic Infection Control provided by the Administrative Assistant on 3/26/20 at 6:10 p.m. documented, .When a large number of people live and work in an area such as a long-term care facility, there are a large number of germs present. The germs can be spread from visitors to clients, from one client to another, from health care provider to client, and from the client to the health care provider, and then taken home to your family. This spread of germs (microorganisms that produce disease) can be prevented by following the rules of Body Substance Precautions and Infection control, and by understanding how diseases are spread. The most common microorganisms [MEDICAL CONDITION] and bacteria. They are found everywhere and on everything we use for daily living . objects used by others. How germs are spread . 1. Bacteria . Direct contact such as touching a client . Indirect contact when touching objects such as . belongings . and instruments . Body Substance Precautions (BSP) . BSP are precautions required of all health care providers to minimize the risk of exposure to disease . 1. Hands . *Wash hands before and after contact with client . Always wash hands after the use of gloves . 2. Gloves should be worn when contact is likely with . Any body opening . 17. A facility in-service form titled In-Service Training Report With Personnel Attending dated 3/20/2020 and provided by the Administrative Assistant on 3/26/20 at 5:44 p.m. documented, .All Departments . Date 3/20/2020 . Time: 1:30 p.m Summary of subject(s) covered . Discuss with staff about the ADH</p>		

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 2)</p> <p>(Arkansas Department of Health) guidelines regarding the Coronavirus Disease (COVID-19) handouts provided . Conducted by . Signature (Administrative Assistant 's name) . Signature of Personnel Attending . Title . (CNA #1 's name / signature) . The form attached to the in-service titled Hand Washing, How-To documented, .Does it matter how I wash my hands? You have to rub your hands for at least 20 seconds to get rid of harmful microorganisms. Follow these instructions . 1. Wet . 2. Soap . 3. Wash 20 seconds . 4. Rinse . 5. Dry . 6. Turn off water with paper towel . Hand Sanitizer . How-To . How do I clean my hands with alcohol-based hand sanitizer? .Use enough to cover all the surfaces of your hands . Air dry for 30 seconds . Follow these instructions . 1. Place (drawing of pump container labeled hand sanitizer with sanitizer on hands) . 2. Rub until dry 30 seconds .</p>		