

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER SPRING CREEK HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 804 N 2ND ST CABOT, AR 72023	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to ensure nails were trimmed, smooth and free of jagged edges to promote good personal hygiene and grooming for 3 (Residents #6, #27 and #59) of 15 (Residents #2 #6, #16, #19, #26, #27, #33, #34, #43, #50, #59, #66, #67, #77, and #129) sampled residents who were dependent for nail care and reside on the 400 and 200 halls according to a list provided by the Administrator on 07/10/2020 at 12:15 P.M. This failed practice had the potential to affect 59 residents who are dependent for nail care based on a list provided by the Administrator on 08/04/2020. The findings are: 1. Resident #27 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/18/2020 documented the resident was moderately impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS) and required extensive physical assistance of one person for personal hygiene. a. The Resident's plan of care documented, .Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Date Initiated: 10/12/2019 . b. On 07/06/2020 at 10:16 A.M., the resident was sitting in the day room in a Broda chair with eyes closed. A dark brown dried substance was under his fingernails. Photo taken. 2. Resident #59 had a [DIAGNOSES REDACTED]. A Quarterly MDS with an ARD of 06/08/2020 documented the resident scored 4 (0 - 7 indicates severely impaired) per a Brief Interview for Mental Status (BIMS) and required limited physical assistance of one person for personal hygiene. a. The Resident's plan of care documented, .Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Date Initiated: 03/02/2020 . b. On 07/06/2020 at 10:01 A.M., the resident's fingernails were in varying lengths from approximately 1/8 to 1/2 an inch past the tips of the fingers, with fingernail polish chipped and faded. Both index fingernails had broken jagged edges. Photo taken. 3. Resident # 6 had [DIAGNOSES REDACTED]. The Annual MDS with an ARD of 04/05/2020 documented the resident scored 01 (00 to 07 indicates severe impairment) on the BIMS and required 1-person physical assist with bed mobility, personal hygiene and bathing and 2 plus person physical assist with transfer and dressing. a. The Care Plan with a review date of 02/24/2020 documented Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse . The resident has potential impairment to skin integrity r/t (related to) immobility and frequent incontinent episodes of B&B (Bowel and Bladder) . Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short . b. On 07/07/2020 at 10:09 A.M., the resident's fingernails on the right hand were approximately 3/4 to 1 inch in length past the end of the fingers with a dark brown and yellow dried substance underneath the nails. The fingernails on the left hand were jagged and approximately 3/4 to 1 inch in length past the end of the fingers with a dark brown and yellow dried substance underneath the nails. 4. On 07/9/2020 at 3:15 P.M., the Administrator and the Director of Nursing were asked, Should a resident's fingernails have dried brown substance under the nails? The Director of Nursing stated, No 5. On 07/10/2020 at 9:30 A.M., Licensed Practical Nurse #1 was asked, Should a resident's fingernails have dried brown substance under the nails? She stated, No She was asked, Should a resident's fingernails be jagged or rough on the edges? She stated, No She was asked, Who is responsible for ensuring a resident's fingernails are clean, trimmed and filed. She stated, All of us. 6. A document titled Care of Fingernails/Toenails provided by the Director of Nursing on 07/10/2020 at 9:41 A.M. documented, .The purposes of this procedure are to clean the nail bed, to keep nails trimmed and to prevent infections .nail care includes daily cleaning and regular trimming .trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin .</p>		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Complaint (AR 068) was substantiated, all or in part, with deficiency cited at F689. Based on observation and interview the facility failed to ensure vaping devices and smoking liquid containing nicotine were kept secure and not accessible to cognitively impaired residents. This failed practice had the potential to affect 12 residents who were cognitively impaired and who ambulate/propel self, according to a list provided by the Administrator on 07/22/2020. The findings are: 1. On 07/22/2020 at 5:52 A.M., two vaping devices and two 60 ml (milliliter) bottles containing 6 mg (milligrams) of nicotine smoking liquid were sitting on the nurse's desk unattended. The nurse's desk was accessible to any passerby. 2. On 07/22/2020 at 6:00 A.M., a staff member left the nurses desk leaving the vaping devices and the nicotine liquid unattended. 3. On 07/22/2020 at 6:13 A.M., Licensed Practical Nurse (LPN) #1 was asked, Have you ever seen anyone use a vape or e-cigarettes inside the building? She stated, No The surveyor pointed out the 2 vaping devices and 2 bottles of nicotine liquid on the desk and asked, Are those smoking vapes? She stated, Yes and juice She was asked who they belonged to. She stated, They are mine. She was asked, Do you leave them on the nurses' desk? She stated, Yes. Photo taken of vaping devices on the desk. She was asked, Where do you use them? She stated, Out front. She was asked, Do they contain nicotine? She stated, Yes. She was asked, Can residents wander behind the nurse's desk. She stated, Uh, huh. (Yes) 4. On 07/22/2020 at 6:53 A.M., the 2 vaping devices and the 2 bottles of nicotine liquid were unattended at the nurse's desk. 5. On 07/22/2020 at 11:42 A.M., the Director of Nurses was asked, Is it acceptable for staff to leave vaping devices and nicotine liquid unattended on the nurse's desk? She stated, No, not where a resident can reach. It should be in their personal belongings. 6. On 07/22/2020 at 11:54 A.M., the Administrator was asked, Is it acceptable for staff to leave vaping devices and nicotine liquid unattended on the nurse's desk? He stated, No, they should not. He was asked if the facility had a policy on staff smoking and or vaping. He stated, I don't have anything . that's just standard of practice.</p>		
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 staff wore Personal Protective Equipment (PPE), face covering mask, appropriately to prevent the possible spread of respiratory infection such as COVID-19. This failed practice had the potential to affect 82 residents in the facility according to the Resident Census and Conditions of Residents provided by the Administrator on 07/06/2020. The findings are: 1. On 07/22/2020 at 5:43 A.M., Certified Nursing Assistant (CNA) #1 was walking around the front of the nurses' desk from the 300 hall toward the 200 hall. Her hair was up in a ponytail. A face mask was hanging from the ponytail by the ear loop with the face mask at the back of her head leaving her mouth and nose uncovered. She stopped to talk with a resident who was sitting in a wheelchair. The staff member was</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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