

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST JOHNS PLACE OF ARKANSAS, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1400 HWY 79/167 BYPASS FORDYCE, AR 71742</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 0689  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure potentially hazardous products were stored in a secure location to prevent potential access of hazardous items by cognitively impaired, independently mobile residents in 1 or 1 facility. This failed practice had the potential to affect 14 residents who were ambulatory, according to the Resident Census and Conditions of Residents form dated 8/31/2020. The findings are: 1. On 8/31/2020 at 12:30 p.m., a three-drawer container of Personal Protective Equipment (PPE) was sitting outside resident's room [ROOM NUMBER] and 407 on the 400 Hall. A container of Super Sani-Cloth Germicidal Wipes was sitting on top of the 3-drawer container. a. On 8/31/2020 at 12:30 p.m., the Director of Nursing (DON) was asked, Should Sani- wipes be sitting out on the isolation container outside of the resident's door? She stated, No. They should be locked up, but we use them all of the time to clean equipment that we take in and out of resident rooms. I will take care of both right now and make sure they are locked up. The Director of Nursing took both containers of the wipes and removed them off the floor away from residents ambulating up and down the 400 Hall. The DON was asked, Would the residents have access to the wipes sitting out on the isolation containers in the hallway? She stated, Yes, and they could ingest them or get the chemical on the cloths in their eyes or mouth and skin. b. A Material Safety Data Sheet for Super Sani-Cloth Germicidal Wipes provided by the Director of Nursing on 9/1/2020 at 11:13 a.m. documented, .Recommended use as a disinfectant on hard, non-porous surfaces . Read and understand the entire label before using . Use only according to label directions . It is a violation of Federal Law to use this product in a manner inconsistent to label directions . Precautionary Statements of storage . Store locked up, store in a well-ventilated place Keep container tightly closed .		
F 0695  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide safe and appropriate respiratory care for a resident when needed.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure nebulizer masks with canisters were placed in a bag or storage container when not in use to prevent potential cross-contamination or respiratory infection for 2 (Residents #5 and #6) of 2 sampled residents who had physician's orders [REDACTED]. Resident #5 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/2020 documented the resident scored 15 913-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS); required extensive one-person assistance with activities of daily living (ADLs). a. The physician's orders [REDACTED].Change O2 (oxygen) tubing and humidifier weekly on Sunday Night and as needed . Admit to hospice for DX ([DIAGNOSES REDACTED]). Oxygen 3 LPM (Liters per minute) Via NC (Nasal Cannula) as needed for Shortness of Breath QD (every day) . [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) mg/3 ml (milligram per 3 millimeter) Give 3 ml (milliliters) . inhale orally four times a day for shortness of breath . b. A Plan of Care with a revised date of 7/23/2020 documented, .Oxygen Settings . O2 (oxygen) via nasal cannula (at) 3L (3 liters) QS (every shift) . Administer Updrafts per MD (Medical Doctor's) orders . c. On 8/31/2020 at 12:20 p.m., the resident was sitting in a recliner in her room. The resident was receiving oxygen via a nasal cannula at 3 liters. The resident's nebulizer mask was lying on her bed across the nebulizer machine and was not in a bag or closed container. The tubing was not dated. d. On 8/31/2020 at 12:23 p.m., the Director of Nursing was asked, How should a nebulizer mask be stored in the resident's room? She stated, It should be in a bag. She was asked, Why should the nebulizer mask be placed in a bag with a date when not in use? She stated, It will decrease the potential of a respiratory infection. 2. Resident #6 had [DIAGNOSES REDACTED]. A Medicare 5-Day MDS with an ARD of 8/25/2020 documented the resident scored 6 (0-7 indicates severe impairment) on a Brief Interview for Mental Status (BIMS) and required extensive one-person assistance with activities of daily living. a. The physician's orders [REDACTED].Admit to Skilled Care Due to Positive COVID-19 Effective 8/22/20 . Droplet and Contact Isolation Precautions for COVID-19 every shift for 21 Days . [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) MG (milligrams) / 3ML (milliliters) .I dose inhale orally every 4 hours related to COVID-19, shortness of breath . Oxygen 2 LPM (liters per minute) VIA NC (nasal cannula) as needed for Shortness of Breath QD (every day) . b. A Plan of Care with a revised date of 8/26/2020 documented, .Document and report if I have any signs and symptoms of fever, coughing, sneezing, sore throat, respiratory issues and notify MD (Medical Doctor) / Practitioner . Encourage me to wash hands frequently . Follow Facility Protocol for COVID-19 Screening / Precautions . If s/s (signs / symptoms) present, updrafts every 4 hours as needed for shortness of breath r/t (related to) COVID-19 . c. On 8/31/2020 at 12:58 p.m., a nebulizer administration set with face mask was lying on a bedside table and was not in a bag or closed container. The nebulizer administration set was not labeled. d. On 8/31/2020 at 1:30 p.m., the Director of Nursing was asked, How should a nebulizer mask be stored in the resident's room? She stated, It should be in a bag. She was asked, Why should tubing be placed in a bag with a date when not in use? She stated, It will decrease the potential of a respiratory infection. e. On 9/2/2020 at 2:14 p.m., the Director of Nursing was asked, Do you have a Policy for how to store oxygen tubing and nebulizer masks? She stated, We don't have one. It comes out on the orders for them to be changed and dated every Sunday on night shift.		
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.