

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER GREENE ACRES NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 2402 COUNTRY CLUB ROAD PARAGOULD, AR 72450	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interview the facility failed to ensure proper infection and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable disease and infections by wearing a face mask to cover the nose and mouth. The facility failed to ensure dirty linens were properly contained, Biohazard containers were properly stored and contained, and an Isolation room was cleaned and disinfected in a timely manner and Isolation signs were posted. The facility also failed to ensure used and discarded personal protective equipment was properly stored and contained. These failed practices had the potential to affect 116 residents in the facility, according to the Entrance Conference Worksheet provided by the Administrator on [DATE]. The findings are: 1. On [DATE] at 8:07 a.m., the surveyors were greeted at the entrance door by Certified Nurses Assistant (CNA) #5. CNA #5 wore a surgical mask that covered her mouth. The mask did not cover her nose. The mask remained in this position during the time the three surveyors were processed with COVID-19 visitor screening. 2. On [DATE] at 9:23 a.m., CNA #5 was asked, When are masks worn? and Should the mask cover the mouth and nose? CNA #5 stated, As soon as you enter the building and Yes. Mine keeps falling down. 3. On [DATE] at 8:28 a.m., Licensed Practical Nurse (LPN) #1 was observed with her mask not covering her nose. A photograph was taken of the nurse not wearing her mask properly at this time. 4. On [DATE] at 8:34 a.m., during interview with Secretary #1, she was observed to pull her mask down not covering her nose or mouth. Secretary #1 was asked, Are staff supposed to wear a mask while in the facility? Secretary#1 stated, Yes. Anytime they are out of the office. 5. On [DATE] at 8:31 a.m., during an interview with Housekeeper #1, she was observed with her mask not covering her nose. A photograph was taken of Housekeeper #1 not wearing her mask properly. 6. On [DATE] at 8:54 a.m., Therapist #1 entered the facility with (CNA) #1. Therapist #1 was not wearing a mask and walked past the double doors and stood at the screening table. 7. On [DATE] at 8:55 a.m., CNA #1 was asked, Are you supposed to wear a mask when you enter the facility? CNA #1 stated, Yes. 8. On [DATE] at 8:56 a.m., CNA #2 was asked, Are you supposed to wear a mask when you enter the facility? CNA #2 stated, Yes. 9. On [DATE] at 8:57 a.m., Therapist #1 was asked, You came in the building without a mask on, are you supposed to wear a mask when you enter the building? Therapist #1 stated, Yes. 10. On [DATE] at 9:09 a.m., observation of the Biohazard Storage Building was assessed with [REDACTED].#1. There were 4 biohazard bins that lids were not secured and contained Biohazard bags and the contents were visible. EAS #1 was asked, Who is responsible for ensuring the Biohazard is stored and contained properly? EAS #1 stated, Everybody is responsible to ensure the containers are properly contained. 11. On [DATE] at 9:14 a.m., Environmental Supervisor (ES) #1 was asked, Who is responsible for ensuring the Biohazard is stored and contained properly? The ES #1 stated, All nursing department, infection control nurse, and the Director of Nursing (DON). The ES #1 was asked, Who has access to the Biohazard Storage Building? The ES #1 stated, Every staff member, and they are all responsible. The ES #1 was showed a picture of the inside of the Biohazard storage building and was asked, Should the Biohazards be stored like this? The ES #1 stated, No. The ES #1 was asked, Would this be considered an infection control issue? The ES #1 stated, It possibly could. 12. On [DATE] at 9:28 a.m., observation of the Special Needs Unit (SNU) Hall was made as follows: 1. An Isolation cabinet with Personal Protective Equipment (PPE) and Biohazard red bags were observed outside and in between rooms [ROOM NUMBERS]. There were no Isolation Precaution signs posted. room [ROOM NUMBER] was observed to have 2 empty Biohazard containers, a used Oxygen Humidifier bottle with 60 cubic centimeters (ccs) of clear liquid, and oxygen tubing that was not contained were sitting on the window seal, and 2 opened packages of briefs. CNA #3 was asked, What is the resident on Isolation for? CNA #3 stated, She is not here, she expired, but I don't know when. A photograph of room [ROOM NUMBER] and 7 were taken at this time. a. Record review of the discharge summary documented the resident was discharged from the facility to the emergency roiaognom on [DATE]. b. Progress notes dated [DATE] documented, .resident was admitted to ICU (Intensive Care Unit) for [DIAGNOSES REDACTED]. c. Progress note dated [DATE] at 17:53 (5:53 p.m.) documented, .hospital notified facility of resident expiration d. The Isolation room had no signs to indicate an isolation room, nor did the room appear to be cleaned. 13. On [DATE] at 10:25 a.m., Registered Nurse (RN) Infection Control Preventionist (ICP) #1 was asked, When should an Isolation Room be cleaned? RN #1 replied, When they leave the room. RN #1 was asked, How long should the Isolation Precaution sign be left on the door? RN #1 stated, Until the room is cleaned. RN #1 was asked, According to the discharge documentation, the resident was discharged on [DATE]. Today is [DATE], should the room have been cleaned and disinfected before now? RN #1 stated, the latest recommendations on doctors' offices, say keep the door closed for 72 hours. No one is currently quarantined on the hall. RN #1 was asked, Do you have a policy on isolation? RN #1 stated, No. 14. On [DATE] at 11:13 a.m., the facility grounds behind the facility, near the trash dumpsters, the parking lot, and outside the breakroom were observed to have multiple discarded face masks, gloves, and a discarded plunger from a piston syringe and the items were not contained. Photograph of the facility grounds behind the facility were taken at this time. 15. On [DATE] at 11:29 a.m., the 400 Hall linens were seen draped outside of the overly full soiled linen barrel with the lid resting on top of the linens. The soiled linens were not contained. A photograph of the soiled linen barrel was taken at this time. 16. On [DATE] at 11:29 a.m., the 400 Hall nurse, LPN # 2 was asked, Should the lid of the soiled linen barrel be resting on the barrel to contain the soiled linens? LPN # 2 stated, Yes. LPN# 2 was asked, Is it? LPN# 2 stated, No. LPN# 2 was asked, Who is responsible for emptying soiled linens from the soiled linen barrels? LPN# 2 stated, Laundry, they empty the yellow barrel . LPN #2 was asked, Who is responsible? LPN #2 stated, The CNAs and Laundry, and me. 17. On [DATE] at 11:53 a.m., CNA # 4 was asked, Where should used face masks and gloves be disposed of after use? CNA #4 replied, In the trash. CNA #4 was asked, Should gloves and face masks be on the facility grounds, in the parking lot, and around the trash dumpsters? CNA #4 replied, No. CNA #4 was asked, Would this be considered an infection control issue? CNA #4 stated, Yes. CNA #4 was asked, Do you have a policy for storage of the Biohazard? CNA #4 stated, We have a Biohazard shed. The lids should be on the Biohazard boxes in the storage room. CNA #4 was asked, Do you have a policy for cleaning of isolation rooms? CNA #4 stated, Housekeepers do the rooms very last. 18. On [DATE] at 12:03 p.m., the DON was asked, Where should used face masks and gloves be disposed of after use? The DON stated, The garbage. The DON was asked, Should gloves and face masks be on the facility grounds, in the parking lot, and around the trash dumpsters? The DON stated, No. The DON was asked, Would this be considered an infection control issue? The DON stated, If they had been used. The DON was asked, Do you have a policy on disposal of used PPE? The DON stated, We don't have many written policies. The DON was asked, What guidelines does the facility go by for infection control? The DON stated, We go by CDC (Center for Disease Control and Prevention) guidelines, Arkansas Health Care Association (AHCA), and the Arkansas Department of Health. 19. On [DATE] RN #1 was asked, Where should used face masks and gloves be disposed of after use? RN #1 stated, In the trash. RN #1 was asked, Should gloves and face masks be on the facility grounds, in the parking lot, and around the trash dumpsters? RN #1 stated, Ideally they would not be. RN #1 was asked, Do you have a policy for storage of Biohazard? RN #1 stated, I don't know. RN #1 was asked, Do you have a policy for cleaning of isolation rooms? RN #1 stated, No. There's no policy. RN #1 was asked, Should staff wear masks while in the building? RN #1 stated, Yes. RN #1 was asked, Do you have a policy on disposal of used PPE? RN #1 stated, I don't believe there is a policy,</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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