

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY COMPASSION CENTER OF YELLVILLE		STREET ADDRESS, CITY, STATE, ZIP 620 NORTH PANTHER AVENUE YELLVILLE, AR 72687	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 747) was substantiated, all or in part, with the following: Based on observation, record review, and interview, the facility failed to ensure staff provided privacy during a medication administration for 1 (Resident #32) of 3 residents observed during the medication pass and failed to ensure a catheter was in a privacy bag to promote dignity for 1(Resident #8) of 3 (Residents #8, #17, and #41) of sample mix that had an indwelling catheter. These failed practices had the potential to affect 19 resident who received medications on the 400 Hall as documented on a list provided by the Assistant Director of Nursing (ADON) on 7/24/2020 and the potential to affect 4 residents with indwelling catheter, according to the list provided by the Director of Nursing (DON) on 7/23/2020. The findings are: 1. Resident #8 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/30/2020 documented the resident scored 12 (indicates moderately impaired) on a Brief Interview for Mental Status (BIMS) and was in Quarantine/Isolation. a. The July 2020 physician's orders [REDACTED],. Contact precautions [MEDICAL CONDITION] to coccyx wound . 16fr (French)/10cc (cubic centimeters) silicone Foley and change monthly . b. The Care Plan dated 7/21/2020 documented, .requires Isolation Precautions: [MEDICAL CONDITION] ([MEDICAL CONDITION]-resistant Staphylococcus Aureus) in my wound to my Coccyx, I now continue on contact Isolation for rare bacteria Acinetobacter Bamanii continue to use contact standard precautions ., has a Foley Catheter . c. On 07/21/2020 at 11:01 AM, the Residents Foley catheter did not have a privacy cover. The resident's door was open more than halfway, with the Foley Catheter hanging on the door side of the bed. A photograph of the residents Foley catheter was taken at this time. d. On 07/22/2020 at 09:37 AM, the Residents Foley catheter did not have a privacy cover. The resident's door was open more than halfway, with the Foley catheter hanging on the door side of the bed. e. On 7/22/2020 at 2:30 PM, the DON was asked if catheters should be in a privacy bag so they couldn't be observed from the hallway to protect the resident's privacy. She stated, Yes. They should always be placed in a privacy bag. The DON was asked, Do you expect the facility staff to follow the policies and procedures put forth by the facility? She stated Yes.</p> <p>2. Resident #32 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/09/2020 documented the resident scored 00 (0-7 indicates severely impairment) on a Brief Interview for Mental Status (BIMS); and was totally dependent with two person assist for transfers and bathing, required extensive assistance with two person assist for bed mobility, dressing, toilet use, and one person assist for personal hygiene; and supervision with one person assist for eating and was always incontinent of bowel and bladder. a. The July 2020 physician's orders [REDACTED]. [MEDICATION NAME] Tablet 25 MG Give 1 tablet via PE[DEVICE] one time a day .Multivitamin/Mineral Formula Tablet (Multiple Vitamins-Minerals) Give 1 tablet via PE[DEVICE] one time a day for Vitamin Def (deficiency) . Vitamin C Tablet 500 MG ([MEDICATION NAME] Acid) Give 500 mg via PE[DEVICE] one time a day for Vitamin Def . b. On 07/21/2020 at 08:50 AM, during the 9:00 a.m. medication pass the surveyor observed Licensed Practical Nurse (LPN) #2 enter the resident's room. The door was wide open, and the curtain were pulled back against the wall, leaving the resident visual from the hall. After the LPN administered the medication via peg tube the surveyor asked, When administering medication should you shut the door or pull the curtain for privacy before you give medications? The LPN #2 stated, Yeah, sure. c. On 07/22/2020 at 03:00 PM, the Director of Nursing was asked, When administering medications through a feeding tube, should the door be closed, or curtain be pulled? The DON stated, Yes. Either the door or the curtain should be closed for privacy. d. A form titled Enteral Tube Medication Administration Procedures provided by the DON on 7/22/2020 documented, Safely and accurately administer oral medications through an enteral tube .Explained procedure and purpose of medication to resident .Alleviate resident anxiety .Provide privacy .</p>		
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>Complaint # (AR 832) and Complaint # (AR 747) was substantiated, all or in part, with the following: Based on observation, record review, and interview, the facility failed to ensure residents' fingernails were cleaned and trimmed to promote good personal hygiene and grooming for 2 (Residents #37 and #38) of 8 (Residents #37, #38, #10, #19, #51, #32, #20 and #26) sampled residents who were dependent for nail care. The failed practice had the potential to affect 14 residents who were dependent for nail care on the 400 and 500 hall as documented on a list provided by the Director of Nursing (DON) on 7/22/2020. The facility failed to ensure the residents bath schedule was followed and adequate skin care was provided for 2 (Resident #12 and #26) of 5 sampled residents who required assistance with bath / showers. This failed practice had the potential to affect all residents who required assistance with bath / showers. The findings are: 1. Resident #37 had [DIAGNOSES REDACTED], hygiene, and supervision with one person assist for eating; and was always incontinent of bowel and bladder. a. On 7/20/2020 at 11:51 AM, the resident was sitting in a high back wheelchair. Her fingernails were trimmed, but jagged with brown like substance under her nail tips. b. The updated Care Plan documented, (Resident #37) has an ADL (activity of daily living) self-care performance deficit r/t (related to) decreased physical mobility. .Nail Care: Check nail length and trim and clean as necessary . c. On 7/20/2020 at 12:41 PM, the Registered Nurse (RN) #1 was interviewed and asked, Who is responsible for cleaning the resident's nails? She stated, If they are diabetic I do them, if not the CNAs (Certified Nurses Assistants) do their nails when they shower the residents and as needed. RN #1 was asked, Who is responsible to ensure the CNAs are performing nail care during shower time and as needed? RN #1 stated, CNA #3. d. On 7/20/2020 at 12:46 PM, CNA #3 was asked, Who performs the resident's nail care? She stated, The CNAs if they're not diabetics. CNA #3 was asked, When is nail care performed? She stated, They are done on shower days and as needed. The CNA accompanied the surveyor to the resident's room, and she was asked, Who ensures that the CNAs are performing nail care on the shower days and as needed? She stated, Me and the floor nurses. CNA #3 was asked, What is that brown substance under her nail tips? The CNA stated, Dirt. Her nails were cut this morning but were not filed or cleaned. e. A form titled Bathing / Shower Schedule provided by Assistant Director of Nurses (ADON) on 7/23/2020 documented the resident was scheduled to have a bath on Monday and Thursday. The June / July (2020) Bath / Shower Review documented the resident received a June 1, 4, 8, 11, 18, 22, 25, 29, in July 2, 6, 9, 13, 16. The resident did not receive a bath / shower on June 15 and July 20. f. A form titled Personal Needs Policy provided by the DON on 7/23/2020 and documented, The facility strives to promote a healthy environment by meeting the personal care needs of the residents. .Personal care and ADL</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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>support will be provided according to the residents Plan of Care. Personal care and support include but is not limited to the following: .Bath/Shower .Identify the individual needs and/or preferences of the resident. .Develop and implement individual interventions. .Ensure Communication to the staff in point click of care and provide training as needed. . 2. Resident #38 had a [DIAGNOSES REDACTED]. a. On 7/20/2020 at 12:36 PM, the resident was lying in bed. All fingernails on his right hand had brown substance under the nail tips. b. On 7/20/2020 at 12:50 PM, CNA #3 accompanied the surveyor to the resident's room and was asked, What is that brown substance under his nail tips? She stated, Dirt. I will fix this right away. c. The updated Care Plan documented, (Resident #38) has an ADL (Activity of Daily Living) self-care performance deficit r/t (related to) generalized muscle weakness and [DIAGNOSES REDACTED]. .Personal Hygiene: James requires extensive assistance with personal hygiene. .Keep nails trimmed / filed to minimize jagged edges . d. A form titled Personal Needs Policy provided by the DON on 7/23/2020 and documented, The facility strives to promote a healthy environment by meeting the personal care needs of the residents. .Personal care and ADL support will be provided according to the residents Plan of Care. Personal care and support include but is not limited to the following: .Nail Care .Identify the individual needs and/or preferences of the resident. .Develop and implement individual interventions . 4. Resident #12 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date (ARD) of 4/30/2020 documented the resident scored 15 (13 - 15 indicates cognitively intact) on a Brief Interview of Mental Status (BIMS); and required extensive assistance of two staff for dressing, toileting, and personal hygiene; and total assistance of 2 staff for bathing; and extensive 2 person physical assistance of staff for bed mobility. a. The updated Care Plan documented the resident requires extensive assistance with baths and that he prefers a bed bath twice weekly and only a shower or WP (whirlpool) once weekly. Bed Mobility: Resident #12 is totally dependent on 2 staff for re-positioning and turning in bed. Washing my hair-use a warm wet wash cloth and allow me or help me to massage into my scalp. This will help get rid of the dry and flaky scalp that I have. Date initiated 7/21/20 b. On 7/21/2020 at 2:35 PM, Resident #12 was lying in his bed. His hair was unkempt and oily. He had scaly flaking skin on his forehead, scalp, and facial skin on the edge of his sideburns bilaterally. Resident #12 was asked how often the facility offered the residents baths as scheduled including nail care and hair washing or shampooing. He stated, I am supposed to get baths three times a week, but at times I have to remind them to get 2 baths a week. I don't take showers. Resident #12 was asked if the facility offered nail care and shaving/shampooing with baths. He stated, I take care of my own nails. He did not wish to speak about hair grooming or shampoo/scalp care and stated he would shave himself if they would give him a sharp razor, but they offer electric razors, or the staff does it. He stated, They say they don't have time or enough staff right now and will do it later, but don't come back. c. On 7/23/2020 at 8:57 AM, the Assistant Director of Nursing (ADON) provided a bath log which documented that Resident #12's was scheduled for bath days 3 times a week that documented, (Monday, Wednesdays, and Fridays). Resident #12 had no documentation that he received scheduled baths on June 5, 8, 10, 12, 15, 26, and July 3, 2020. Per the bathing log, he received 14 baths out of scheduled 22 bathing opportunities (31.8% (percent) baths not completed or documented refused) and no bath/adl (activities of daily living) refusal was documented on any of these dates. d. On 7/23/2020 at 2:25 PM, the ADON was interviewed by this surveyor about the bath schedule log review that documented Resident 12's bath log with ADLs which included shower/hair and nail care from June 1, 20 to July 22, 2020. He received 14 baths out of 22 opportunities and refusal was documented on none of these. The ADON stated those are the baths he either refused or weren't given. When asked if there was documentation of his refusal, she stated, No. I couldn't find anything with his refusal written down. The ADON was asked about his scaly flaky skin and unkempt, oily appearing hair and stated, The resident refuses to allow them to wash his hair, but he allows a washcloth with soap to rub his own head, then wipes with wet rinse cloth. He refuses baths at times and won't take showers. We are working on our shower/bath logs and Activities of Daily Living ensuring that every resident gets a shower when scheduled. She was unable to find specific documentation of hair care or shampooing on the bath logs for dates refused. e. On 7/23/2020 at 3:04 PM, the ADON was asked if the facility had a system or plan to monitor/assess all residents individually to ensure effective and thorough bathing and hygiene (including shampoo, hair and nail care) were completed and that data and documentation of the monitoring was in place. The ADON stated, There is no specific monitoring of the resident's hygiene assigned to anyone or any written data of any monitoring except the bath logs. f. On 7/24/2020 at 10:35 AM, the DON was asked about the monitoring of resident for hygiene/bathing needs per the Quality Assurance (QA) identification and plan for missed showers/bath. She stated, The ADON and I have spoken about not having any specific monitoring or data gathering in place to ensure the residents receive their showers/hygiene as scheduled or it is documented refused and will be working on that. 5. Resident #26 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/27/2020 documented the resident scored 14 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS); and was independent with set up for eating, supervision with one person assist for bed mobility and transfer, required limited assistance with assist with toilet use and dressing, and extensive assistance with one assist personal hygiene and bathing, was occasionally incontinent with bladder; and frequently incontinent with bowel. a. On 7/21/2020 at 1:30 PM, the resident was lying in his bed. The resident was asked if he received a shower or bath as scheduled and if he had a preference of getting either a bath or shower? The resident stated No. I don't care if I get a shower or bath or get shaved, but I usually get them once a week. b. The updated Care Plan documented, (Resident #26) has an ADL (Activity of daily Living) self-care performance deficit r/t (related to) cerebral infarction and [MEDICAL CONDITION]. . (Resident #26) will be clean and well-groomed daily throughout . Bathing Preference: (Resident #26) does not express any bathing preferences. Bathing: Requires extensive assistance with bathing. . c. A copy of the resident's Bathing / Shower schedule provided by ADON on 07/28/2020 documented the resident was scheduled to have a bath on Tuesday and Fridays. The June / July (2020) Bath / Shower Review documented the resident received on June 2, 5, 9, 12, 19, 23, 26, and on the 30 refused. In July on the 7, 10, 14, the 17 refused and the 24. The resident did not receive and bath or shower on June 16 and July 2 and 21.</p> <p>Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure a therapeutic diet order texture change was implemented for one (Resident #25) of 7 (Residents #7,1, #9, #25, #31, #32, #38, and #158) sample residents that required a mechanical soft diet. This failed practice had the potential to affect 13(Residents #7, #19, #23, #25, #30, #31, #32, #38, #39, #49, #52, #56, and #148) that received a mechanical soft diet in the facility per the Diet Order Listing Report provided by the Dietary Manager on 7/23/2020 at 10:47 AM. The findings are: 1. Resident #25 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/15/2020 documented the resident was severely impaired in cognitive skills for daily decision making skills per a Staff Assessment for Mental Status (SAMS); and had disorganized thinking, was inattentive, and required extensive physical assistance of 2 persons for bed mobility, transfer, walking in room and hallway dressing, toileting and personal hygiene; and required set up and oversite for eating; had short and long term memory impairment. a. On 7/21/2020 at 09:43 AM, a record review of Resident #25's physician's orders [REDACTED]. Resident #25 had documented weights of 222.8 pounds on 1/15/20, 201.8 pounds on 4/7/20, 193.4 pounds on 6/8/20, and 192.2 pounds on 7/14/20. Resident #25's weight loss for one month was 0.62%, for 3 months weight loss 4.99%; and 6 months had 15.52 % significant weight loss. b. On 07/21/2020 at 1:04 PM, Resident #25 was eating their meal. The resident was asked if food was good and the resident nodded when eating. A record review of the resident physician's orders [REDACTED]. Physician orders [REDACTED]. c. A physicians order dated 1/20/2020 documented, house supplement three times daily 60cc; Prostat 30ml (milliliter)SF (sugar free)at every hs (bedtime). d. On 7/22/20 at 3:30 PM, the Director of Nursing (DON) was asked, What diet Resident #25 was on. She checked his physician's orders [REDACTED]. The DON was asked to show where the diet order to change to mechanical soft diet 6/29/20 was implemented. She looked at the diet order for mechanical soft diet dated 6/29/20 and stated, I see what you mean. There is no diet change listed. He still shows he is on a regular diet. The DON called the Dietary Manager from her office with surveyor in the room and asked her if she was aware of the order for mechanic soft diet change on Resident #25 dated 6/29/20 and what diet the resident was currently receiving. The DON turned to this surveyor and stated, He is still on a regular diet, it didn't get changed. e. On 7/23/20 at 7:50 AM, the Dietary Manger was asked about Resident #25's physician's orders [REDACTED]. She stated, The order was given to me. I didn't get it transferred and ordered. They gave it to me. I just missed it. f. The updated Care Plan documented, has a nutritional problem or potential nutritional problem r/t (related to) [MEDICAL CONDITION], and unspecified [MEDICAL CONDITION]. Resident #25 receives a regular diet with finger foods. Resident refuses to let staff feed him and will only eat items he can pick up to eat. Date Initiated: 01/14/2019 Revision on: 03/17/2020 .Provide and serve supplements as ordered: House Supplement TID (three times a day).</p>		
F 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some			

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F 0692	(continued... from page 2)		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Some F 0693	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 747) was substantiated, all or in part, with the following: Based on observation, record review, and interview, the facility failed to ensure the residents' enteral feeding bag was properly labeled and medication / water flush was administered by gravity and as ordered by the physician for 1 (Resident #32) sample residents who received medication through a Percutaneous Endoscopic Gastrostomy (PEG tube). The failed practice had the potential to affect 1 resident who received medication via (by way of) enteral feeding on the 400 Hall as documented on a list provided by the Director of Nursing (DON) on 7/24/2020. The findings are: 1. Resident #32 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/09/2020 documented the resident scored 00 (0-7 indicates severely impairment) on a Brief Interview for Mental Status (BIMS); and was totally dependent with two person assist for transfers and bathing, required extensive assistance with two person assist for bed mobility, dressing, toilet use and one person assist for personal hygiene, and supervision with one person assist for eating; and was always incontinent of bowel and bladder. a. On 7/20/2020 at 12:14 PM, the resident was lying in bed. The enteral feeding was infusing at 70 cc/hr (cubic centimeter/ per hour) via Kangaroo pump. On the enteral feeding bag, there was a date of 7/20 and initials on the bag. However, there was not a label with the resident's name, a start time, the infusion rate or type of formula. b. On 07/21/2020 at 08:50 AM, Licensed Practical Nurse (LPN) #2 enter the Resident's room. The Resident was lying with the head of the bed (HOB) elevated. LPN #2 mixed 60cc of warm tap water with the resident's crushed medications. LPN #2 with the pump on hold, removed the tubing from the hub, and pushed the medication through the peg tube with the piston syringe, then flushed the tube by the piston syringe with 15cc water. c. The July 2020 physician's orders [REDACTED]. strength (diluted with 25% water), @ (at) 70cc/hr continuously. .May crush and combine medications for administration. .Flush PEG Tube with 60cc of water before and after each med pass, every shift. .[MEDICATION NAME] Capsule 50 MG (milligrams) (Pregabalin) Give 1 capsule via PE[DEVICE] two times a day . [MEDICATION NAME] Tablet 25 MG Give 1 tablet via PE[DEVICE] one time a day .Multivitamin/Mineral Formula Tablet (Multiple Vitamins-Minerals) Give 1 tablet via PE[DEVICE] one time a day for Vitamin Def (deficiency). .Vitamin C Tablet 500 MG ([MEDICATION NAME] Acid) Give 500 mg via PE[DEVICE] one time a day for Vitamin Def . d. The July 2020 Medication Admission Record (MAR) documented, Flush PEG Tube with 60ml of water before and after each med pass every shift. On 07/21/2020, 7-3 D (Day) the box was initialed and checked by LPN #2. e. The updated Care Plan documented, (Resident name) is at nutritional risk as r/t (related to) MECHANICALLY ALTERED diet. .Give tube feedings per MD (medical doctor) orders. Flushes as ordered . f. On 07/22/20 at 02:55 PM, the DON was asked, When dissolving crushed medications for feeding tube administration, how much water is used? The DON stated, Usually about 30cc of warm water. The DON was asked, How should the medication be administered? The DON stated, By gravity. The DON was asked, Should the medication be pushed in, with the piston syringe? The DON stated, No. The DON was asked, What needs to be on the IV (Intravenous) bag containing the feeding? The DON stated, The resident's name, the room number, the formula with the dilution, date and the time when it was hung and the nurse's initials. 2. A form titled Enteral Tube Medication Administration Procedures provided by the DON on 7/22/2020 documented Safely and accurately administer oral medications through an enteral tube .Crush tablets and dissolve in appropriate amount of liquid .Flush the tube before administration of medication per physician order [REDACTED].Do not push medications through the tube .Flush the tube after medication administration per physician order [REDACTED].		
F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure a nasal cannula was stored in a bag or other closed container when not in use to prevent potential contamination or infection and failed to ensure oxygen was administered only when ordered by a physician to prevent potential complications for 1 (Resident #17) of 5 (Residents #17, #10, #38, #20, and #28) sampled residents who had oxygen in use. These failed practice had the potential to affect 12 residents who had physician's orders [REDACTED]. The findings are: 1. The Resident #17 had a [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/11/2020 documented the resident scored 13 (13-15 indicates Cognitively intact) on a Brief Interview for Mental Status (BIMS); and required extensive assist with one person assist for toilet use, personal hygiene and bathing, limited assist with one person for bed mobility, transfer and dressing and was occasional continent of bladder; and always continent of bowel. a. On 7/20/2020 at 12:02 PM, the resident was sitting in his recliner in his room. The resident stated he was on oxygen as needed. The oxygen concentrator was not on and the nasal cannula and tubing was rolled up and tucked through the handle of concentrator, no storage bag observed on or near the concentrator. b. On 7/20/2020 at 3:15 PM, an LPN #2 was asked, When oxygen tubing is not in use, what is the proper way to store the tubing? She stated, In a plastic bag. The surveyor asked, For the resident's that remove their oxygen tubing are they taught / shown how to store the tubing in the bag? She stated, Yes. If they teachable, we encourage them not to remove their oxygen on their own. LPN #2 accompanied this surveyor to the resident's room and observed the tubing tucked through the handle of the concentrator and was asked, Is that the proper way to store the oxygen tubing? She stated, No. It is not, and there's not a plastic bag to put the tubing in. c. On 7/22/20 at 3:00 PM, the DON was asked if the resident had an order for [REDACTED]. The DON was asked, What is the proper way to store Oxygen tubing? She stated, In a plastic bag. The DON was asked, Is tucking the oxygen tubing through the concentrator handle the proper way to store the oxygen tubing when not in use? She stated, No. d. A form titled Oxygen Management Policy provided by the Director of Nursing on 7/21/2020 documented, It is the policy of this facility to require a physician's orders [REDACTED].shall be changed every week and when needed. .Verify order in the patient's medical record .Oxygen materials to be changed weekly and PRN (as needed) .		

<p>F 0760</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview the facility failed to follow manufacturer's instructions in order to prevent a significant medication error as evidence by ensuring [MEDICATION NAME] Insulin was not allowed to be administered past the 28th day after being opened for 1 (Resident #45) of 2 (Residents #12 and #45) sample residents who had physician's orders [REDACTED]. The findings are: 1. Resident #45 had a [DIAGNOSES REDACTED]. The [DATE] physician orders [REDACTED]. = 0 no coverage; 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 5 units; 301 - 350 = 7 units; 351 - 400 = 9 units; 401 - 500 = 15 units notify MD (medical doctor), subcutaneously three times a day ., [DATE] . b. On [DATE] 10:59 AM, during a medication cart inspection, an opened, partially empty 10 ml vial of [MEDICATION NAME] Insulin labeled for Resident # 45 was observed to have had a handwritten date of ,[DATE]. A photograph of the empty [MEDICATION NAME] Insulin was taken at this time. LPN #2 was asked what the date meant? LPN #2 stated, It's the date it was opened. LPN #2 was asked if resident had any more [MEDICATION NAME] on the cart that may have been used? LPN #2 stated, No. I'll have to get one out of the med room. Resident didn't have other [MEDICATION NAME] in the cart in use at the time. LPN #2 retrieved a bottle from the medication room that had not been opened and held it up for this surveyor to see residents name on the label. It was opened and placed in the cart. c. The dated 10 ml [MEDICATION NAME] Insulin vial was opened ,[DATE] and the 28th open day would have been [DATE]. The label on the [MEDICATION NAME] vial documented Discard 28 days after open. A photograph of the [MEDICATION NAME] Insulin vial was taken at this time. d. On [DATE], the Residents Medication Administration Record [REDACTED]. e. Resident #45 received [DATE] 1200 (12:00 PM)) blood glucose reading documented 185, 2 units given per sliding scale [MEDICATION NAME] Insulin order. [DATE] 1200 blood glucose reading documented 174, 2 units given per sliding scale [MEDICATION NAME] Insulin order. [DATE] 1700 (5:00 PM) blood glucose reading documented (check mark) 2 units given per sliding scale [MEDICATION NAME] order [DATE] 0800 (8:00 AM) blood glucose reading documented 197, 2 units given per sliding scale [MEDICATION NAME] order f. On [DATE], a [MEDICATION NAME] Package insert with a review date of ,[DATE] provided by the Administrator on [DATE] at 3:14 PM documented, .Storage conditions for vial ., 10 ml (milliliter) multiple-dose vial ., in-use (opened) ., 28 days (refrigerated/room temperature) . g. On [DATE] at 1:47 PM, the DON was asked if insulin of any kind should be used past the manufacturers recommendations once the vial had been opened? She stated, No. Of course not. The DON was asked, Should the administering nurses check these dates prior to administering? She stated, Yes. Before any insulin is given, it should be checked. The DON was asked, What could be a potential problem if a resident gets expired insulin? She stated, It might not work as well, blood sugar spikes, or [DIAGNOSES REDACTED]. h. On</p>
<p>FORM CMS-2567(02-99) Previous Versions Obsolete</p>	<p>Event ID: YL1O11</p> <p>Facility ID: 045451</p> <p>If continuation sheet Page 3 of 7</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY COMPASSION CENTER OF YELLVILLE		STREET ADDRESS, CITY, STATE, ZIP 620 NORTH PANTHER AVENUE YELLVILLE, AR 72687	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 3) [DATE] at 2:30 PM, the DON was asked, Do you expect the facility staff to follow the policies and procedures put forth by the facility? She stated Yes i. This was a significant medication error due to the condition of the resident and the class of medication, antidiabetic.</p> <p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure mechanical food items were blended to a ground consistency to minimize the risk of choking or other complications and improve palatability for residents who required a mechanical diet. This failed practice had the potential to affect 13 residents who received mechanical diets, according to the Diet list provided by the Dietary Managers on 7/23/2020. The findings are: a. On 7/21/2020 the lunch meal service for Tuesday consisted of, Barbeque chicken, scalloped potatoes, green beans, dinner roll and chocolate pudding. b. A form titled Policy on Food Preparation Guidelines provided by the Dietary Manager on 7/22/2020 at 11:22 a.m., documented, Food should be palatable. to ensure resident's satisfaction and meet individual needs. Food should be prepared in a form to meet the individual needs of the residents. c. On 7/21/2020 at 11:55 AM, the Dietary Cook was taking the temperatures of the food on the steam table. The Dietary cook was asked, What is that you are temping? She stated, Mechanical soft barbeque chicken. The chicken was shredded with bite size chunks. The Dietary cook was asked, Are you going to serve that? She stated, Yes. The Dietary cook was asked, What should the meat look like on a mechanical soft diet? The Dietary Cook stated, Chopped up or ground, very fine. The Dietary cook was asked, Does the chicken look like it's chopped or ground? She stated, No. It looks more like it's shredded. The Dietary Manager was asked, Is the chicken blended to a ground consistency for a mechanical diet? She stated, No. It needs to be blended more. The Dietary cook took the chicken and ground it up to the desired consistency then brought back and placed on the steam table.</p>		
F 0805 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to ensure food items stored in the refrigerator and on one kitchen shelf were sealed, labeled and dated; the deep fryer was cleaned; and the ice machine was clean and maintained in a sanitary manner to prevent potential of bacteria growth and contamination for residents who received ice from 1 of 2 ice machine. These failed practices had the potential to affect 53 residents who received meals from the kitchen according to the list provided by the Dietary Manager on 7/23/2020 and 16 residents who received ice on the 800 Hall, according to the list provided by the Assistant Director of Nursing (ADON) on 7/24/2020. The findings are: 1. On 07/20/2020 at 10:35 AM an Initial tour of the kitchen was conducted with the Dietary Manager. a. On 07/20/2020 at 10:38 AM, the following items were found in the 3 Door stand up refrigerator, in the second / middle door first shelf; b. A two-quart plastic container of gravy or soup, no label with a date of 7/16/20. The Dietary Manager was asked, What is in this container? She stated, Chicken gravy, that should have been thrown out. On the second shelf: c. An open large bag of lettuce with no date, 1/2 full. The Dietary Manager stated, That should have been dated and sealed. d. Eleven slices of bologna in sandwich bag, no date. The Dietary Manager was asked, When was this opened? She stated, I don't know. It should have been dated. e. Ten slices turkey bacon 10 slices, sealed in plastic quart bag, no date. In the third door, first shelf; f. A 5-pound box, cheese exposed on end, and not sealed. g. Swiss cheese slices in a two-quart container, no date. h. America cheese slices in a two-quart container, no date. On the second shelf; i. Nine Hot Dogs in quart bag, no date. 2. The Deep fryer had grease build up in the inner door, and the metal side of fryer and oven. The Dietary Manager was asked, How often is the deep fryer cleaned? The Dietary Manager stated, We try to clean it at least every 2 weeks. The Dietary Manager was asked, When was the last time it was cleaned? She stated, I cleaned it two weeks ago. 3. The following items were found on the metal shelf in kitchen. a. 10-pound (lb) bag of pasta noodles, 1/4 full, no date. The Dietary Manager stated, That should be dated. b. 5-lb bag of pasta noodles, 1/2 full, no date. c. 10-lb paper bag of sugar, 1/2 full no date, not sealed. The Dietary Manager stated, That should be dated and sealed. d. 15-ounce package of Country style gravy mix dated 6/11 open not sealed, 1/4 full. e. 15-ounce package of Brown gravy dated 5/14, not sealed, 1/4 full. f. 5-lb bag of Corn meal dated 4/22, not sealed, 1/4 full. g. 2-lb bag of Confectioners Can Sugar dated 6/15, open not sealed. h. 32-ounce Box of Baking soda, open not sealed, dated 6/26, 3/4 full. 4. On 7/13/2020 at 11:28 am, there were rusty colored slimy residue on the ice machine's inner door frame. The Dietary Manager was asked to wipe the residue, she did so, and the rusty slimy residue was easily transferred to the tissue. When asked what the residue was, she stated, I don't know. The maintenance man cleans it. a. On 7/13/2020 at 11:29 AM, the Maintenance Supervisor was asked, How often do you clean the ice machine? He stated, He deeps cleans the housing on top quarterly, the Dietary aide empties and clean it out monthly. b. On 7/13/2020 at 11:35 AM, Dietary Aide #1 was asked, How often do you clean the ice machine? She stated, I clean it about every two weeks. I empty out the ice and wipe the inside and outside. Dietary Aid #1 was asked do you keep a log / record of when you clean it? She stated, I didn't know I was supposed to. 5. The copies of the following Policies were received from the Dietary Manager on 7/23/2020 and documented; 6. A form titled Policy on Storage of Refrigerator/Frozen Foods documented, The facility will follow safe handling and storage of refrigerated foods. Foods in the refrigerator will be covered, labeled and dated. Food will be used-by-date, frozen or discarded. 7. A form titled Policy on Dating and Labeling documented, The facility will follow safe handling and storage of food. foods will be dated and labeled in the refrigerator. All items not in their original containers will be labeled. Food labels should include the common name of the food or a statement that clearly and accurately identifies it. 8. A form titled The Policy on Food Preparation Guidelines documented, To assure that the nutritive value of food is not compromised because of prolonged food storage, light, and air exposure Food should be protected from contamination while being stored, prepared. 9. A form titled The Policy on Storage of Dry Foods/Supplies documented, The facility will follow safe handling and storage of dry foods and supplies. Dry goods will be handled and stored to maintain the integrity of the packaging until the item is ready to use. Opened products will be labeled and stored in tightly covered containers. 10. A form titled Policy Ice Machine Sanitation Policy provided by the Administrator on 7/27/2020 documented, Dietary staff will clean ice machines monthly. Dietary staff will inspect ice machines for cleanliness on a daily basis. Wipe outside of Ice Machines daily and inspect for cleanliness. Document all cleanings and inspections on a monitoring sheet. 11. A form titled Policy on Mechanical Soft Food Preparation documented, Facility will prepare Mechanical Soft foods in a manner that sustains the nutritional value and taste. The foods will be ground to assure the desired consistency. Mechanical soft foods must be ground to the proper consistency per residents needs/requests. 12. A form titled Policy Deep Fryer Cleaning Policy provided by the Nurse Consultant on 7/27/2020 documented, Deep fryer will be cleaned on a regular basis. Wipe down the exterior at the end of the day.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to ensure food items stored in the refrigerator and on one kitchen shelf were sealed, labeled and dated; the deep fryer was cleaned; and the ice machine was clean and maintained in a sanitary manner to prevent potential of bacteria growth and contamination for residents who received ice from 1 of 2 ice machine. These failed practices had the potential to affect 53 residents who received meals from the kitchen according to the list provided by the Dietary Manager on 7/23/2020 and 16 residents who received ice on the 800 Hall, according to the list provided by the Assistant Director of Nursing (ADON) on 7/24/2020. The findings are: 1. On 07/20/2020 at 10:35 AM an Initial tour of the kitchen was conducted with the Dietary Manager. a. On 07/20/2020 at 10:38 AM, the following items were found in the 3 Door stand up refrigerator, in the second / middle door first shelf; b. A two-quart plastic container of gravy or soup, no label with a date of 7/16/20. The Dietary Manager was asked, What is in this container? She stated, Chicken gravy, that should have been thrown out. On the second shelf: c. An open large bag of lettuce with no date, 1/2 full. The Dietary Manager stated, That should have been dated and sealed. d. Eleven slices of bologna in sandwich bag, no date. The Dietary Manager was asked, When was this opened? She stated, I don't know. It should have been dated. e. Ten slices turkey bacon 10 slices, sealed in plastic quart bag, no date. In the third door, first shelf; f. A 5-pound box, cheese exposed on end, and not sealed. g. Swiss cheese slices in a two-quart container, no date. h. 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F 0865 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on observation, record review, and interview the facility failed to monitor, track, and evaluate the effectiveness of their identified bathing/hygiene concern for their Quality Assurance corrective action/performance improvement activities/plan, and failed to collect written data of their monitoring to assess and revise the action plan as needed. This failed practice had the potential to affect all 53 residents in the facility per the census list provided by the Administrator on 7/20/20. The findings are: 1. On 07/21/20 02:22 PM, the Administrator asked the Unit Manager for the entire facility, and the Assistant Director of Nursing (ADON) to join the interview as they were familiar with the hygiene, bath Quality Assurance QA focus at the facility. The Unit Manager and the ADON started working at the facility on June 8th, 2020. They were asked about the multiple grievances with showers, baths, hygiene, nail care, and Activities of Daily Living (ADLS) documented in the facility grievances for the last 6 months and what was being done for these concerns. The Administrator stated, We identified the bathing/hygiene problem with the grievances and decided to make it a QA focus area for our facility. Our plan, which was developed by our Quality Performance Improvement Plan (QAPI) team, involved creating a log shower spreadsheet with ADLS (activities of daily living) and showers/baths including nail care. We were working on this before the prior unit manager left and when we hired the current Unit Manager and ADON, they were asked to monitor, track and follow up, &(and) report back to me if the showers and ADLS are being completed and ensure accurate documentation</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY COMPASSION CENTER OF YELLVILLE		STREET ADDRESS, CITY, STATE, ZIP 620 NORTH PANTHER AVENUE YELLVILLE, AR 72687	
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 0865 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 4)</p> <p>of shower or refusal of shower was completed a. On 7/21/2020 at 2:40 PM, the Unit Manager stated, I am monitoring on my tracking spreadsheet that showers are given and if the resident refused and the showers/ADLS were reattempted. She Stated she found they were missing some baths especially during the weekend. b. On 7/21/2020 at 2:45 PM, the ADON stated, We are tracking to identify the root cause and believe the missing baths/showers and ADLS care on the weekends are related to staff shortages. c. On 7/21/2020 at 2:51 PM, the Administrator stated, The QA team is attempting to correct the staff shortage by increasing pay, sign on bonuses, and advertising online. d. On 7/21/2020 at 2:54 PM, the ADON stated, The facility is attempting to be able to get student Nursing Assistants to work in the facility and to sponsor them to enable more employees to be hired on their graduation. e. On 7/21/2020 at 2:58 PM, the Administrator stated, Being a small community, there is alot of competition and limited qualified personnel they can hire from in the community. It is difficult to find qualified staff, so they hope to be able to encourage potential employees with training for becoming a Certified Nursing Assistant. f. On 7/21/2020 at 3:01 PM, the Administrator stated, The QA meeting is quarterly and as needed, and our last meeting was at the end of March 2020. Focus areas are obtained from surveys, concerns, grievances and identified concerns. QA members consist of Administrator, DON (Director of Nursing), Medical Director, BOM (Business Office Manager), ADON, Social Service Director, Activities Director, Maintenance Director, Food Service Director, ADS Coordinator, Treatment Nurse, and Medicare Manager. g. The Facilities' Quality Assurance and Performance Improvement (QAPI) Plan provided by the Administrator on 7/23/20 at 9:40 AM documented: Purpose: W .Provides guidance for our overall quality improvement program. The QAPI program .will aim for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents by ensuring our data collection tools and monitoring systems are in place and are consistent for a proactive analysis. h. On 7/23/2020 at 2:25 PM, the ADON was asked about the bath schedule log review that documented Resident 12's bath log with ADL shower/hair and nail care for last 30 days. Resident #12 has a history of refusing showers but will allow bed baths. Resident #12's was scheduled for bath days 3 times a week. Monday, Wednesdays, and Fridays) He had no documentation of receiving scheduled baths on June 5, 8, 10, 12, 15, 26, and July 3, 2020. He had received 14 baths out of scheduled 22 bathing opportunities (31.8% (percent) baths not completed or documented refused) and no bath/ADL refusal was documented on any of these dates. Resident #12 appeared unkempt on 7/20/2020 initial rounds and had flaky skin on his face and oily appearing unbrushed hair and scalp. Residents # 37 and 38 had brown substances under their fingernails observed during the survey. The ADON stated, the facility offers a bath 3 times before it is documented refused. The shower bath logs are monitored by myself, and the Unit Manager and we go down the halls checking the residents randomly for any hygiene concerns. She denied being able to locate any documentation of refusal of baths on the above dates, stated, He didn't receive any bath according to the shower sheets or the bath/hygiene spread sheet or at least I was unable to find any documentation of these being done. i. On 7/23/2020 at 3:04 PM, the ADON if the facility had a system or plan to monitor/assess all residents individually to ensure effective and thorough bathing and hygiene (including shampoo, hair, and nail care) were completed and that data and documentation of the monitoring was in place to facilitate QA data review and accurate assessment of the plan effectiveness and outcomes. The ADON stated, There is no specific monitoring of the resident's hygiene assigned to anyone or any written data of any monitoring except the bath logs. We haven't thought that far yet. The Surveyor asked if any system was in place to monitor and assess the effectiveness of the quality assurance plan for bath/hygiene frequency and it is being implemented and documented accurately. The ADON stated, Not yet. We haven't thought of that yet, that is something we will work on now. j. On 7/24/2020 at 10:35 AM, the DON was asked about the monitoring of resident for hygiene/bathing needs per the QA identification and plan for missed showers/bath. She stated, The ADON and I have spoken about not having any specific monitoring or data gathering in place to evaluate its effectiveness for this after you spoke with her. We are now planning for that.</p> <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on recent review and interviews, the facility failed to ensure residents were assessed for signs and symptoms of COVID-19 and failed to ensure temperatures were taken, at least every shift, as a preventative measure for early detection during a COVID-19 Pandemic. These failed practice had the potential to affect 53 residents as documented on the Resident Census and Conditions provided by the Director of Nursing (DON) on 7/21/2020. The facility failed to ensure appropriate Personal Protective Equipment (PPE) (personal protective equipment) was donned prior to entering a residents room who was in contact isolation to prevent the potential for the spread of infection during a Coved-19 Pandemic for 1 (resident #8) of 5 (Residents #8, #17, #19, #41 and #158) sample residents who required the use of PPE prior to entering their rooms according to a list provided be the DON on 7/21/2020 at 12:01 PM. The facility failed to ensure staff followed Standard / Quarantine Precautions for 1 (Resident #19) of (Resident #158, #17, and #19) sampled residents who had physician orders [REDACTED]. The facility failed to ensure hands were sanitized when leaving an Quarantine/Isolation room for 2 (Resident #8, and #46) of 5 (Resident #8,#17, #19, #46 and #158) final sample residents who were in Quarantine or isolation during a COVID -19 pandemic according to a list provided by the DON on 7/21/2020. During the 8 AM medication pass the facility failed to ensure gloves wear worn while administering eye drops and failed to ensure hands were sanitized when leaving a residents room after administering eye drops for 1 (Resident #2) of 2 (Residents #2 and #16) sample residents who had physician's orders [REDACTED]. 1. The Resident #38 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/15/2020 documented the resident scored 9 (8-12 indicates moderate impairment) on a Brief Interview for Mental Status (BIMS); and required total assistance with two person assist with bathing, extensive assistance with two person assist for bed mobility, transfers, dressing, and personal hygiene, and was always incontinent of bowel and bladder. a. Record review of the nurses note and assessments for the month of July 2020 were completed and there no was documentation of any assessments for the COVID-19 from 7/1-7/23. The review of the temperatures documented the resident's temperature was taken on 7/1, 7/5, 7/6, 7/8-7/10, 7/12, 7/13, 7/18, 7/22, 7/23 and on 7/24-7/27 taken twice a day. 2. The Resident #37 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/15/2020 documented the resident scored 5 (0-7 indicates severely impairment) on a Brief Interview for Mental Status (BIMS); and was totally dependent with two person assist for transfers and one person for bathing, required extensive assistance with two person assist for bed mobility, dressing, toilet use and personal hygiene, and supervision with one person assist for eating; and was always incontinent of bowel and bladder. a. Record review of the nurses note and assessments for the month of July 2020 were completed and there was no documentation of any assessments for the COVID-19 from 7/1-7/23. The review of the temperatures documented the resident's temperature was taken on 7/1, 7/3, 7/5, 7/6, 7/8-7/10, 7/12-7/14, 7/18, 7/22, 7/23, and on 7/24-7/27 taken twice a day. 3. The Resident #17 had a [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/11/2020 documented the resident scored 13 (13-15 indicates Cognitively intact) on a Brief Interview for Mental Status (BIMS); and required extensive assist with one person assist for toilet use, personal hygiene and bathing, limited assist with one person for bed mobility, transfer and dressing and was occasional continent of bladder; and always continent of bowel. a. Record review of the nurses note for the month of July 2020 were completed and there was no documentation of any assessments for the COVID-19 from 7/1-7/22. On 7/1, 7/2 (2), 7/3, 7/4, 7/5 (2) 7/7, 7/8 (3) the resident had a skilled nursing assessment. The review of the temperatures documented the resident's temperature was taken on 7/1(2), 7/2, 7/3, 7/5, 7/6, 7/8, 7/9 (2), 7/12, 7/14, 7/18, 7/19, 7/22, 7/23 and on 7/24-7/27 taken twice a day. b. On 7/23/2020 at 8:37 AM, Licensed Practical Nurse (LPN) #3 (800 Hall nurse) was asked, How often are you monitoring / assessing the residents for signs and symptoms (s/s) of Covid-19? She stated, One time a shift and take their temp every shift. LPN #3asked, What are you assessing for? LPN #3 stated, I do a visual, their lungs, fever, nausea, vomiting, diarrhea and shortness of breath (SOB), the CNAs (Certified Nurses Assistant) do their temps. LPN #3 asked, Where are you documenting your assessments? She stated, In the vital signs by the CNAs. I don't document anything unless they have s/s. c. On 7/23/2020 at 8:40 AM, LPN #4 (400/500 Hall nurse) was asked, How often are you monitoring / assessing the residents for s/s of Covid-19? She stated, Every shift. The surveyor asked, What are you assessing for? She stated, I do my own temps - fever, SOB, nausea, vomiting, Diarrhea, s/s Covid. LPN #4 was asked, Where are you documenting your assessments? She stated, I'm not charting my assessments, I log my temps. d. On 7/23/2020 at 8:42 AM, LPN #5 and asked, How often are you monitoring / assessing the residents for s/s of Covid-19? She stated, Every shift and temps, the CNAs do the temp, tell me if abnormal. The LPN #5 was asked, What are you assessing for? She stated, Fever, cough, running nose, sore throat, SOB, oxygen sat. LPN #5 was asked, Where are you documenting your assessments? The LPN stated, I don't chart on them unless they are skilled or on quarantine. e. On 7/23/2020 at 9:45 AM, the DON was asked, How often are the nurses monitoring / assessing the residents for s/s of Covid-19? The surveyor asked, One time a shift every</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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on recent review and interviews, the facility failed to ensure residents were assessed for signs and symptoms of COVID-19 and failed to ensure temperatures were taken, at least every shift, as a preventative measure for early detection during a COVID-19 Pandemic. These failed practice had the potential to affect 53 residents as documented on the Resident Census and Conditions provided by the Director of Nursing (DON) on 7/21/2020. 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The review of the temperatures documented the resident's temperature was taken on 7/1(2), 7/2, 7/3, 7/5, 7/6, 7/8, 7/9 (2), 7/12, 7/14, 7/18, 7/19, 7/22, 7/23 and on 7/24-7/27 taken twice a day. b. On 7/23/2020 at 8:37 AM, Licensed Practical Nurse (LPN) #3 (800 Hall nurse) was asked, How often are you monitoring / assessing the residents for signs and symptoms (s/s) of Covid-19? She stated, One time a shift and take their temp every shift. LPN #3asked, What are you assessing for? LPN #3 stated, I do a visual, their lungs, fever, nausea, vomiting, diarrhea and shortness of breath (SOB), the CNAs (Certified Nurses Assistant) do their temps. LPN #3 asked, Where are you documenting your assessments? She stated, In the vital signs by the CNAs. I don't document anything unless they have s/s. c. On 7/23/2020 at 8:40 AM, LPN #4 (400/500 Hall nurse) was asked, How often are you monitoring / assessing the residents for s/s of Covid-19? She stated, Every shift. The surveyor asked, What are you assessing for? She stated, I do my own temps - fever, SOB, nausea, vomiting, Diarrhea, s/s Covid. LPN #4 was asked, Where are you documenting your assessments? She stated, I'm not charting my assessments, I log my temps. d. On 7/23/2020 at 8:42 AM, LPN #5 and asked, How often are you monitoring / assessing the residents for s/s of Covid-19? She stated, Every shift and temps, the CNAs do the temp, tell me if abnormal. The LPN #5 was asked, What are you assessing for? She stated, Fever, cough, running nose, sore throat, SOB, oxygen sat. LPN #5 was asked, Where are you documenting your assessments? The LPN stated, I don't chart on them unless they are skilled or on quarantine. e. On 7/23/2020 at 9:45 AM, the DON was asked, How often are the nurses monitoring / assessing the residents for s/s of Covid-19? The surveyor asked, One time a shift every</p>		

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NAME OF PROVIDER OF SUPPLIER COMMUNITY COMPASSION CENTER OF YELLVILLE		STREET ADDRESS, CITY, STATE, ZIP 620 NORTH PANTHER AVENUE YELLVILLE, AR 72687	
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>(continued... from page 5)</p> <p>12 hours. The DON was asked, What are the nurses assessing for? She stated, Respiratory, temperature, pulse, oxygen sat, all s/s of COVID-19. The DON asked, Are the Nurses supposed to be documenting these assessments? The DON stated, Yes. They should be documented. The DON was asked, Where are these assessments documented? She stated, In PCC (Point Click Care), the nurses notes, or in the assessments and under vital signs. The surveyor asked, Who is responsible to ensure the temperature, oxygen sat (saturation) and assessments are being completed per shift. She stated, The Charge nurse for the vital signs. Me and the ADON (Assistant Director of Nursing) for the assessments. The DON was asked Can you show me where in PCC, the documentation is, for the assessments and vital signs. The DON stated, The nurses are not documenting the assessments for s/s of COVID-19 every shift. The temperatures and oxygen saturations are not being completed every shift either. The surveyor stated, Were the nurses and CNA in-serviced on monitoring and assessing for s/s of COVID-19, every shift? She stated, No. Just taking their temps. The surveyor requested the in-service. The DON stated, There was no in-service, we told them verbally. f. On 7/23/2020 at 10:38 AM, the DON entered the conference room and stated, The LPN's are doing visual assessments. We are implementing the assessments today and getting a set of vital signs on everyone right now. g. A copy of the Policy for Infection Control/Outbreak Management was received on 7/23/20 documented, The facility strives to endure proper and efficient infection control system to ensure outbreak management is effective when implemented. .Symptoms to monitor for: (not limited to) a) Respiratory symptoms (new or worsened) b) Fever c) Cough d) Shortness of breath e) Loss of taste f) Nausea/Vomiting .Review: Screen logs to ensure documentation is complete. EHR (Electronic Health Record) to ensure documentation is complete and that identified symptoms were addressed timely. In services to ensure staff understand the expectations regarding infection control. . 4. Resident #19 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/15/2020 documented the resident scored 9 (8-12 indicates moderate impairment) on a Brief Interview for Mental Status (BIMS); and required extensive assistance with two person assist for bed mobility, transfers, toilet use and dressing, and extensive assistance with one person assist with personal hygiene and bathing, supervision with set-up for eating; and was frequently incontinent of bowel and bladder. a. On 7/15/2020 nurse's notes documented, .Resident leaving facility to BRMC, ED for change in orientation and alertness and worsening rash. . b. On 7/20/2020 at 1:36 PM, the resident was in her room, there was a PPE container located outside her door and a Standard Precaution sign on door that document COVID 19 QUARANTINE PRECAUTIONS: Standard Precautions: Use Personal Protective Equipment (PPE): Masks, Gloves, Face Shield, Gowns and Glasses, Start 7/17 Ends 7/31 (2020). LPN #2 was standing in the resident's room with a face shield, gloves, and a mask on, spoon feeding the resident. c. On 7/20/2020 at 1:44 PM, LPN #2 was asked, Is the resident on isolation? She stated, Yes. She's on quarantine precautions, she was in the hospital, she already has had one negative COVID test. The LPN #2 was asked, For standard precautions are you required to wear a gown? She stated, Yes. I believe so, there were no gowns in the PPE container this morning when I came by. d. The July (2020) physician orders [REDACTED].Quarantine protocol r/t Covid 19 Precautions 7/20/20. . e. The updated Care Plan documented, (Resident's name) has an ADL (activities for daily living) self-care performance deficit r/t .dementia .RESIDENT IS ON COVID-19 QUARENTINE PRECAUTIONS. .STAFF .MUST DON APPROPRIATE (sic) PPE WHEN PROVIDING ADL CARE . f. On 7/27/2020 at 10:45 a.m., the DON was asked, What type of isolation are the resident's placed on when they are admitted or readmitted ? She stated, Quarantine / Standard Precautions. The DON was asked, What is the difference between isolation and quarantine? The DON stated, Isolation is the type they are placed on, Standard, Contact, Droplet and Standard is what we use for anyone on Quarantine, and when on Quarantine they must remain on those precautions for 14 days. The DON was asked, Should the staff follow the precautions posted on the signage on the resident's door? She stated, Yes. g. A form titled Isolation Precautions Policy provided by the DON on 7/23/2020 at 7:50 a.m., documented, To provide guidance for isolation precautions when residents have or are suspected to have an infectious or communicable disease. The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections. .Post an isolation notice sign on the room entrance door instructing staff .Maintain isolation precautions until no longer indicated. h. A form titled Standard Precautions Policy provided by the DON on 7/23/2020 at 12:12 p.m. from the DON documented, Standard Precautions: All body fluids pose a risk for blood [MEDICAL CONDITION] transmission or may contain transmissible infectious micro-organisms. Body fluids include .secretions .Standard precautions consist of the following measures. .The use of personal protective equipment .PPE indicated for use in Standard Precautions include: .Disposable impervious long-sleeved gowns and disposable impervious plastic aprons. .</p> <p>5. Resident #2 had [DIAGNOSES REDACTED].a a. Physician orders [REDACTED].for ketotifen 0.025% eye drops - 1 drop each eye prn (as needed) . b. The Care plan was reviewed without any significant finding. c. On 7/21/2020 at 8:12 AM, LPN #1 placed eye drops in resident #2's eyes. She placed her hand on resident's face and holding the eyes open, one at a time without having donned gloves. After administering the eye drops, the resident requested a [MEDICATION NAME]. At that time LPN #1 exited the room without washing her hands, opened the medication cart, took out an over the counter [MEDICATION NAME] container, counted out one tablet, placed it in a cup, replaced the [MEDICATION NAME] container in the cart and took medication into the room for resident. When resident took the medication, LPN #1 then washed her hands and exited the room. LPN #1 was asked about wearing gloves to administer the eye drops. She stated, Oh I forgot. She was asked, Should you wear gloves when administering eye drops? She stated, Yes. She was asked, Should you wash your hands after caring for a resident, especially if with your bare hands? LPN just stared at this surveyor. LPN #1 was asked what is the risk if hands are not sanitized? She stated, Spreading infection. d. A form titled Eyedrop Administration Procedure provided by the DON on 7/21/2020 at 11:20 AM documented at .4. Wash Hands . c. On 7/22/2020 at 2:30 PM, the DON was asked if nursing staff should wear gloves while administering eye drops? She stated, Yes. The DON was asked, Should staff wash their hands when leaving the residents room after administering medications or coming into contact with the resident's skin? She stated, Yes. The DON was asked, Do you expect the facility staff to follow the policies and procedures put forth by the facility? She stated Yes. 6. Resident #8 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 4/30/2020 documented the resident scored 12 (8-12 indicates moderately impaired) on a BIMS was in Quarantine/Isolation. a. The July 2020 physician orders [REDACTED]. b. The Care Plan dated 7/21/2020 documented .requires Isolation Precautions: [MEDICAL CONDITION] in my wound to my Coccyx, I now continue on contact Isolation for rare bacteria Acinetobacter Bamanii continue to use contact standard precautions . c. On 07/22/2020 at 08:51 AM, the Resident pressure ulcer dressing change was observed with RN (registered nurse) #1. CNA #1 assisted RN #1 to position the resident onto his right side. RN #1 opened and went through the drawers of the resident's bedside table and bureau, but unable to find the Dakin's solution for the wound treatment in the resident's room. She stated I'm sorry. I'm going to have to get more out of the cart. RN #1 removed her PPE gown, laid it on the sink, walked out of the room to the treatment cart. RN #1 removed her keys from her pocket, unlocked and opened the cart drawer, reached in and removed a brown spray bottle. RN #1 closed the drawer, then she sat the brown spray bottle on the overbed table upon returning to the room. d. On 07/22/2020 at 09:22 AM, after the treatment was completed, RN #1 returned to the treatment cart, she was asked, Did you wash your hands when you left the room to get the Dakin's solution? She stated, No. I didn't. She was asked, Should you wash your hands or use ABHS (alcohol-based hand sanitizer) when exiting a resident's room? She stated, Yes. She was asked, Especially if they are in isolation? She stated, Yes. Of course. She was asked, What is the risk if hands aren't appropriately sanitized when leaving a residents room who is in isolation? She stated, Yes. Infection control, spreading infection. She was asked, Do you do all of the treatments in the facility? She stated, Yes. Unless the nurses have to replace one, or start a treatment when I'm not here. e. On 07/23/2020 at 11:15 AM, CNA #1 exited Resident #8's room who is in isolation for .CONTACT ISOLATION FOR ESBL IN URINE/ACINETOBACTER BAMINII TO WOUND . CNA #1 walked over to the nurses desk, picked up the phone and stated, Yes. He's awake, do you want to talk to him. CNA #1 then walked over into residents room without donning gown or gloves, handed resident #8 the phone, then washed her hands and exited the room. CNA #1 was asked if the resident was in isolation? CNA #1 stated, Yes. I think so. CNA #1 was asked, Are you supposed to put PPE on prior to entering resident's room? She stated, No. We're just supposed to wear a mask. She was asked, According to the sign on the door, what does it state that you are supposed to wear? CNA #1 looked at the sign on the door, looked at this surveyor, shrugged and stated, Oops. She was asked, Does it state that you should wear a gown and gloves? CNA #1 stated, Yes. 7. Resident #46 had a [DIAGNOSES REDACTED]. The Admission MDS with an ARD of 6/30/2020 documented the resident scored 15 (13 - 15 indicates cognitively intact) on a BIMS. a. The July 2020 physician orders [REDACTED]. b. On 7/20/2020 at 10:47 AM, the Occupational Therapist (OT) removed his PPE and the residents room without sanitizing his hands. He walked down the hallway to the therapy room. On return he was asked if he should have washed his hands when he exited the resident's room after removing his PPE. He stated, Yes. I guess. This resident is in Quarantine, should you wash your hands when you leave his room? He stated, Yes. turned and went into the room. c. On 7/20/2020 at 10:50</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 6)</p> <p>AM, the Therapy Program Manager who was present in the resident's room when the OT exited without washing his hands, and was asked if staff should wash their hands when exiting the residents room. She stated, Yes. They should. d. A form titled .Isolation Precautions policy provided by the Administrator on 7/21/2020 at 11:20 a.m., documented, .To provide guidance for isolation precautions when residents have or are suspected to have an infectious or communicable disease. The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections ., maintain isolation precautions until no longer indicated . e. A form titled .Infection Control Policy . provided by the Administrator at 11:20 a.m., documented, .The infection control/quarantine policy is designed to provide a safe, sanitary and comfortable environment and to help minimize the development and transmission of communicable diseases and infections ., standard and transmission-based precautions to be followed to prevent spread of infections , the hand hygiene procedures to be followed by staff involved in direct resident contact ., How infectious diseases spread: ., through direct contact ., through contact with contaminated surfaces or objects ., Modes of transmission are: ., Contact transmission is the most common form of transmitting diseases [MEDICAL CONDITION]. Direct contact transmission occurs when there is physical contact between an infected person and a susceptible person. In this situation full PPE should be worn when in proximity of a resident in contact isolation .</p>		