

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER COTTAGE LANE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 800 BROOKSIDE DRIVE LITTLE ROCK, AR 72205	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint (AR 672) was substantiated, all or in part, with these findings. Complaint (AR 751) was substantiated, all or in part, with these findings. Based on record review, observation and interview, the facility failed to ensure implementation of proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask to cover the nose. This failed practice had the potential to affect 87 residents who resided in the facility, according to the Daily Census provided by the Administrator on 6/11/2020. The findings are: The COVID-19 Risk Mitigation Plan revised 4/27/2020 documented, All Centers for Disease Control and Prevention (CDC) and Department of Health Guidance will take priority over any part of this policy at any time. Please check current CDC/ Centers for Medicare & Medicaid Services (CMS)/State guidance if any of the below information is in question. Wear appropriate Personal Protective Equipment (PPE): gown, footies, mask, eye/face shield and gloves. On 6/11/2020 at 10:35 a.m., during initial rounds, Certified Nursing Assistant (CNA) #1 was observed at the 300 hall nurse's desk with her mask below her nose. She was asked when was the last training on applying PPE? She stated, Yesterday. She was asked, Do you have your mask on correctly? She stated, No, I pulled it to breathe. On 6/11/2020 at 10:38 a.m., Housekeeper #1 was observed on the 300 hall with her mask below her nose. She was asked, When was the last training on applying PPE? She stated, It's been a while. She was asked, Do you have your mask on correctly? She stated, No I don't, my glasses make them slide. On 6/11/2020 at 10:40 a.m., the Administrator was standing at the 300 hall Nurses Station and said, We have a problem don't we. On 6/11/2020 at 10:45 a.m., CNA #2 was observed in room [ROOM NUMBER] with her mask below her nose. She was asked if she had time to talk to the surveyor. She stated, Yes. She came into the hall and was asked, When was the last training on applying PPE? She pulled her mask below her chin and stated, Last week. She was asked, Do you have your mask on correctly? She stated, No ma'am.</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.