

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 08/07/2020
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to follow the residents plan of care for turning/ repositioning and providing incontinent care every 2 hours to prevent the risk of skin impairment for 1 (Resident #3) of 3 (Resident #3, #1 and #4) case mix residents who were dependent for turning, repositioning and dependent with incontinent on the 300 Hall. The findings are: Resident #3 had [DIAGNOSES REDACTED], The Medicare Part A Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/26/2020 documented the resident was moderately impaired in cognitive skills for daily decision making per the staff assessment for mental status, was totally dependent on the assistance of two plus people for transfer, bed mobility, dressing, toilet use and personal hygiene and was always incontinent of bowel and bladder. a. The Comprehensive Care Plan revised on 6/26/20 documented, (Resident #3) is at risk for impairment to skin integrity related to incontinence of bowel and bladder with brief usage, poor cognition, fragile skin and total dependence on staff for transfers and care. Goal: (Residents #3) will have no complications related to pressure ulcers, and skin will be intact through the review date. Approaches . Keep her skin clean and dry . (Resident #3) is at risk for ADL (activities of daily living) self-care performance deficit related to [MEDICAL CONDITION]. Approaches . Toilet Use: She is dependent x (times) 1 person with incontinent care every two hours and PRN (as needed). b. The Braden Scale for Predicting Pressure Sore Risk dated 7/30/2020 documented a score of 9, (score of 9 or below indicates the resident is very high risk) . B .1. Ability to respond meaningfully to pressure-related discomfort . 2. Very Limited: Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness or has a sensory impairment which limits the ability to feel pain or discomfort over of body . Mobility 4. Ability to change and control body position 1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance . c. On 8/5/2020 at 11:45 a.m. to 12:45 p.m., the resident was sitting up in the reclined geri-chair in her room. The resident remained in the surveyor's line of sight. The resident was observed at 12:45 being pushed to the dining room area adjacent to the Nursing Station on the 300 Hall and placed at the table by Certified Nursing Assistant (CNA) #1. The resident remained in the surveyor line of site from 12:45-2:45 p.m. The resident had remained sitting up in the reclined geri-chair in the dining room area adjacent to the Nurses Station without being repositioned or checked for incontinence for approximately 3 hours. d. On 8/5/2020 the resident was taken to her room at 2:45 p.m. by CNA #1 and #2. The CNAs had to wait for a privacy curtain to be put up by Housekeeping. At 3:00 p.m., the resident was transferred to the bed. There was a shadow on the pressure relieving cushion in the geri-chair. The CNA #1 stated that the cushion wasn't wet. The resident's incontinent brief was saturated with urine. e. On 8/6/2020 at 3:30 p.m., CNA #1 was asked how often the residents are to be turned, repositioned and checked for incontinence. The CNA stated, Every 2 hours. The CNA was asked. When was (Resident #3) changed? She stated, I thought that my partner changed her when I went to lunch. The CNA was asked if the resident was checked prior to the resident being taken to the dining room area at 12:45 p.m. The CNA stated, No. f. On 8/7/2020 at 2:49 p.m., the Director of Nursing (DON), was asked, How often should the resident be turned, repositioned and checked for incontinence? The DON stated, At least every 2 hours, if not more often.		
F 0807 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 069) was unsubstantiated, all or in part, with these findings. Based on observation, record review and interview, the facility failed to ensure the resident received sufficient fluids to prevent the potential for dehydration for 1 (Resident #3) of 3 (Resident#1, #3 and #5) case mix residents dependent on staff for hydration assistance and 1 (Resident #3) who had Physician order [REDACTED]. The findings are: 1. Resident #3 had [DIAGNOSES REDACTED]. one person for eating and was always incontinent of bowel and bladder. a. The Physician order [REDACTED]. Med Pass 2.0 (nutritional supplement) give 90 cc (cubic centimeter) four times a day related to Nutritional Deficiency . Proheal 30 cc's by mouth. Wound recovery formula two times a day related to Nutritional Deficiency . b. On 8/4/20 at 4:20 p.m., during the initial rounds of the facility, there were no containers in the resident's room for thickened liquids. c. On 8/4/2020 at 5:30 p.m., as the resident was served the evening meal in the dining room area, the resident did not have any liquids on the tray. Certified Nursing Assistant (CNA) #1 was feeding the resident. CNA #1 told Licensed Practical Nurse (LPN) the resident did not get any liquids on her tray. The LPN stated, I don't have any on my cart. The LPN gave the resident 4 ounces (120 cc of Med Pass). There were no other fluids given. d. On 8/5/2020 at 8:12 a.m., the resident received the breakfast tray in the dining room adjacent to the Nurses Station. The resident was being fed by CNA #1. The resident received nectar thickened water 120 cc, nectar thickened juice 120 cc for a total of 240 cc. At 8:15 a.m., there were no container in the resident's room for thickened liquids. e. On 8/5/2020 at 1:05 p.m. the resident lunch was served with no fluids on the tray. CNA #1 fed the resident; no additional fluids were offered. f. On 8/6/2020 at 2:43 p.m., CNA #5 was asked about the thickened liquids for residents. She stated the residents with thickened liquids had a container at the bedside to keep the thickened liquids in. Resident #3's room was checked, there was no container in the room for the nectar thickened liquids. The CNA stated they pass snacks at 10:00 and 2:00 p.m., they should have thickened liquids with the cart. g. On 8/6/2020 at 2:49 a.m., CNA #2 was asked if they kept thickened liquids in the refrigerator in the dining area on the 300 Hall. The CNA stated, No. The CNA was asked where were the thickened liquids kept for the residents. She stated, They have a container in their room. The CNA was asked during observation on 8/4/20 and 8/5/20 if there was no container in her room, how did the resident get offer fluids on 8/4/2020 and 8/5/2020. The CNA shrugged her shoulders. h. On 8/6/2020 at 2:53 p.m., LPN #2 was asked where are the thickened liquids kept for the resident. The LPN stated that they are kept in a container at bedside. The LPN was asked who is responsible for ensuring that the container is at bedside. The LPN stated, The CNAs and the Nurses. i. On 8/7/2020 at 2:49 p.m., the Director of Nursing (DON) was asked when are fluids to be offered. The DON stated, Periodically during the day. The DON was asked regarding thickened liquids? The DON stated, Periodically during the day. The DON was asked, Where are thickened liquids kept? The DON stated, At bedside, in ice chest or container. The DON was asked, How does the staff offer a resident on thickened liquids when they don't have a container at bedside? The DON stated, There should be a container at the bedside. The DON was asked who was responsible for ensuring that the container with the thickened liquids was at the bedside. She stated, Both the Nurse and the CNA. j. On 8/7/2020 at 2:58 p.m., the Dietary Manager was asked if the Dietary Staff should put the thickened liquids on the resident's tray. The Dietary Manager stated, Yes.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 5150) was substantiated, all or in part, with these findings. Based on observation, record review and		
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>interview, the facility failed to ensure staff practiced infection prevention and control by wearing face mask to cover the mouth and nose when with-in six feet of the residents when care was provided and during smoke breaks. This failed practice had the potential to affect 86 residents in the facility. Failed to ensure infection control measures for isolation were implemented for 1 (Resident #5) of 1 resident on isolation. Failed to ensure gloves were changed between dirty to clean tasks during incontinent care for 1 (Resident #3) of 3 (Residents #1 #3 and #5) case mix residents who were dependent with incontinent care that resided on the 300 Hall. This failed practice had the potential to affect 9 residents who were dependent on incontinent care. Failed to ensure the ice scoop was kept covered when not in use on the 300 Hall ice chest. This failed practice had the potential to affect 17 residents who received ice from the ice chest on the 300 hall, according to lists received from the Director of Nursing (DON) and the Administrator on 8/12/2020. The findings are: 1. The CDC Centers for Disease Control and Prevention. [MEDICAL CONDITION] Disease 2019 (COVID-19) documented, . HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility . a. On 8/4/2020 at 4:05 p.m., Certified Nursing Assistant (CNA) #4 was standing at the 400 Nursing Station with the mask pulled down and the nose exposed. The CNA walked down the hall and entered room [ROOM NUMBER]. She was within six feet of the resident with the mask below her nose. b. On 8/4/2020 at 5:09 p.m., the top half of the door was opened in the dining room. Dietary Aide #1 was serving food from the steam table. The Dietary Aide had a mask on with his nose exposed. The Dietary Aide pulled the mask up when he saw the surveyor. c. On 8/5/2020 at 11:34 a.m., two CNAs were in the courtyard with the residents smoking. CNA #5 was sitting in a chair to the right of the door with her mask down and under her chin and she was within six feet of a resident. CNA #2 was sitting to the left side of the door with the mask pulled down under her chin and was within six feet of a resident. d. On 8/5/2020 at 12:52 p.m., the noon tray cart was taken to the 300 Hall. There was a gallon pitcher of red punch on top of the cart. The CNA #2 was putting the ice in the glasses. The scoop was on the bottom shelf of the ice cart uncovered. The CNA was filling the glasses and then laying the large scoop on the bottom shelf of the ice cart. e. On 8/6/2020 at 11:34 p.m., Dietary Aide #2 was preparing food, removing the lids off the stuffed green peppers. He had a mask on, and it was pulled down below his nose. 2. Resident #5 had [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/2/2020 documented the resident scored 13 (13-15 indicates cognitively intact). a. The Physician order [REDACTED]. b. On 8/4/2020 at 6:12 p.m., two Certified Nursing Assistant (CNAs) #1 and #2 put on isolation gowns at the 300 Hall Nursing Station. The CNAs wore the isolation gowns down to Resident #5's room who was on contact/droplet isolation. CNA #1 took the tray to Resident #5 and CNA #2 took the tray to the roommate. CNAs #1 and #2 left the residents' room with the isolation gowns on. They both walked to the Nurses Station then removed the isolation gowns. c. On 8/5/2020 at 11:39 a.m., CNA #2 was asked if Resident #5 was on isolation. The CNA stated, Yes. The CNA was asked, When should the isolation gowns be removed? The CNA stated, Before you leave the room. The CNA was asked, On 8/4/2020 when you took the meal tray to the resident's room that was on isolation where did you take the gown off? The CNA stated, After I left the room. The CNA was asked regarding taking the residents outside to smoke, Did you have your mask on? The CNA stated, I was smoking. The CNA was asked When you finished smoking did you pull your mask back up? The CNA stated, No. The CNA was asked if she was to wear the mask while around the residents. The CNA stated, Yes. The CNA was asked if you were within 6 feet of a resident. Yes. She was asked, CNA #3 was outside with you while the residents were smoking, did she have her mask on? CNA #2 stated, No. d. On 8/7/2020 4:43 p.m., Licensed Practical Nurse (LPN) #2 put on an isolation gown and gloves at the Nurses Station, checked the medication list, then when to Resident #5's room with the resident's medications. The LPN left the isolation room with the gown on and walked down the hall, reviewed the medication sheets a 2nd time, removed the glove and walked back to the resident's room with the isolation gown on. She then placed the isolation gown in the container in the resident's room. 3. Resident #3 had [DIAGNOSES REDACTED]. The Medicare Part A Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/26/2020 documented the resident was moderately impaired in cognitive skills for daily decision making per the staff assessment for mental status, was totally dependent on the assistance of two plus people for transfer, bed mobility, dressing, toilet use and personal hygiene and was always incontinent of bowel and bladder. a. The Comprehensive Care Plan revised on 6/5/20 documented, (Residents #3) is at risk for ADL (Activity of Daily Living) self-care performance deficit related to [MEDICAL CONDITION] . Toilet use: She is dependent x (one) person with incontinent care every two hours and PRN (as necessary). b. On 8/5/2020 at 3:00 p.m., the resident was transferred to bed by CNA #1 and #2. The incontinent brief was saturated with urine. The pad in the geri-chair had a shadow across the cushion. CNA #1 provided incontinent care. When the resident was turned on her right side, the resident had a small amount of feces. With the same gloves the CNA wiped the rectal area of fecal matter and used the same contaminated gloves to apply the clean incontinent brief. The CNA also touched the resident and the resident's covers on the bed with the same contaminated gloves. 4. On 8/7/2020 at 2:49 p.m., the Director of Nursing (DON) was asked regarding the staff wearing face mask, Should the mask be covering the mouth and nose at all times? The DON stated, Yes. The DON was asked when the staff are outside with the resident smoking should they have the mask on covering the mouth and nose when within 6 feet of a resident. The DON stated, Yes. The DON was asked regarding the two residents on the end of the 300 Hall. Are these two residents still on isolation? The DON stated, Yes. The DON was asked regarding the issue with isolation should the staff wear a gown to the isolation room. The DON stated, Yes. The DON was asked, When should the isolation gowns be removed? The DON stated, Before they leave the room. The DON was asked should the gowns be put on at the Nurses Station or before entering the resident's room. The DON stated, Before entering the resident room. The DON was asked should the ice scoop be on the bottom shelf of the cart, uncovered. The DON stated, No. 5. The Isolation - Categories of transmission -Based Precautions Policy and Procedure received from the Director of Nurses on 8/4/2020 documented, Policy Interpretation and Implementation .Transmission based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne . Procedure: .Gloves changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care .Discard PPE appropriately after resident care prior to leaving room followed by hand hygiene. 6. The Perineal Care form received from the Administrator on 8/7/2020 documented, .Purpose: The purposes of this procedure are to provide cleanliness and comfort, to prevent infections and skin irritation and to observe the residents skin condition.</p>		