

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER WALNUT RIDGE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1500 WEST MAIN STREET WALNUT RIDGE, AR 72476	
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>Based on observation, record review, and interview, the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable diseases and infections as evidence by not ensuring the Bio-Hazard trash was properly maintained and medical records were not stored near Bio-Hazardous materials to prevent the potential spread of infection. This failed practice had the potential to affect 56 residents who resided in the facility according to the census list provided by the Administrator on 5/18/2020. The findings are: a. On 6/8/2020 at 1:20 PM, the Bio-Hazard storage room was located outside of the facility approximately 8-10 feet from the back entrance of the facility. The door was locked. The Housekeeping Supervisor opened the door. The odor was very foul and numerous flies were all over the bio-hazard bags and were on the floor. There were 7 boxes that contained medical records. The boxes did not have lids on them. The flies were landing on the boxes. A box had writing on it that stated, Destroy 2022. There were 4 bags that contained yellow gowns and clear trash bags. Two of the bags were on the floor and one bag was located on a stack of medical record boxes and one bag was located on the floor. The bags were not in a bio-hazard box. There were 3 bio-hazard bags open with the lid not closed. Located on a pallet there was a red bio-hazard container. Next to the container on the pallet and on the floor, there was a wet substance that measured approximately 12 inches long by 3 inches in width. There was another wet substance on two pallet boards that measured 6 inches long by 2 inches wide. The foul odor was coming from the wet surfaces that had flies landing on it. There was a blue surgical mask under the pallet lying on the floor. Across the room was another bio-hazard bag with red bags in the box with the lid not closed. There was a wet substance on the pallet beneath the box dripping onto the floor. There was a blue surgical mask on the floor of that pallet. Photographs of the boxes and bio-hazard bags were taken at this time. The Housekeeping Supervisor was asked who is responsible for maintaining the outside storage Bio-hazard area? He stated, The Maintenance Supervisor, the guy we just walked by. He has only been here a week. The Maintenance Supervisor was asked, Do you know why medical records are stored in the bio-hazard storage area? He stated, I don't know. He was asked, Should they be stored in the biohazard area? He stated, I don't know. The Housekeeping Supervisor stated, It will have to be put in bio-hazard boxes. It's all contaminated now. b. On 6/8/2020 at 1:25 PM, this Surveyor showed the Administrator the picture of the biohazard area and the bags located in that area and asked, Can you tell me what are in those bags in the biohazard storage area? She stated, They are extra bags. The Administrator was asked, In the biohazard area? She stated, Yes. I think so. The Administrator was asked, Are they not contaminated now? She stated, I don't know, and called for the Housekeeping Supervisor to come to the office. She asked him, Are those bags out there not the ones you said were extra bags? He stated, No. Those I don't know where they came from. The Administrator was asked, Why are there medical records stored next to the biohazard containers in the storage area? She stated, They are waiting to be shredded. This Surveyor asked, They have written on the boxes destroy 2022? She stated, We got rid of our storage building and we didn't have any other place to put them. They are mostly payroll records. c. On 6/9/2020 at 4:38 PM, this Surveyor called the Administrator and asked, Were the files next to the biohazard containers a potential for an infection control concern? She stated, We are not going to bring them in. d. On 6/9/2020, the Infection Control Manual provided by the Nurse Consultant documented, INFECTIOUS WASTE MANAGEMENT PURPOSE: To decrease the potential of exposure to hazardous waste by appropriate management and disposal. POLICY: I. DEFINITION OF INFECTIOUS (BIOMEDICAL/REGULATED) WASTE: A. OSHA has defined regulated waste to include: 1. Blood and blood products, 2. Pathological waste, 3. Microbiological waste, 4. Contaminated sharps (needles, lancets, scalpel blades), B. Long term care facilities usually generate only blood and blood products and contaminated sharps. D. Final disposal of waste will be in accordance with local, state and federal regulations. Many facilities contract with a waste disposal company to collect, transport, and dispose of the waste.</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.