

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER SOMERSET SENIOR LIVING AT MOUNT VISTA		STREET ADDRESS, CITY, STATE, ZIP 202 TIMS AVENUE HARRISON, AR 72601	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to place all Quarantine residents on the same hall during a COVID -19 Pandemic for 4 (Residents #1 thru #4) residents on Quarantine and 2 (Residents #5 and #6) residents who leave the facility three times a week for [MEDICAL TREATMENT]; failed to place signage on the doors of 3 (Residents #1 thru #3) of 4 (Residents #1 thru #4) residents in Quarantine and failed to ensure staff sanitized their hands while assisting residents with their meals during a COVID-19 Pandemic for 4 (Residents #7 thru #10) residents to prevent the potential spread of infection throughout the facility. These failed practices had the potential to affect all residents (total census: 75) according to a list provided by Administrator on 5/18/20. The findings are: 1. A copy of an email notification dated 4/23/2020 that was sent to all administrators with reminders of infection control/COVID-19 topics for Somerset Senior Living facilities documented. .Dining room observation, be sure to cleanse hands between each resident contact even if you just move a cup or napkin. Ensure staff know our processes for how the facility quarantines new residents and readmits. Ensure we have all quarantined pts (patients) on the same unit which would include anyone that has gone out for even 1 appointment . COVID survey reminders: . are there any postings? Signage on doors? . 2. On 5/18/2020 at 10:45 AM, the DON was asked if the facility had any residents in isolation. She stated, We don't have anyone in isolation, but we have three residents in Quarantine, (Residents #1, #2 and #3) . When do they come off of Quarantine, do you recall? She stated, I can check real quick, I've got it on my desk . The DON stated, Resident #2 on 3/21(2020), Resident #1 on 3/21 and Resident #3 on 3/26 . How are they treated differently while they are in quarantine? She stated, We just wear a mask, and if they come out of the room, they have to wear a mask. Is their laundry, trash or room cleaning treated any differently? She stated, Not at this time, they wear a mask when they leave their room for any reason, and if they are in therapy, if they aren't the only one in there at the time, the residents are kept at opposite sides of the room from each other. Are they kept in any type of isolation? She stated, No, just the quarantine, they are in a private room, and the masks, but no isolation . 3. Resident #5 had a [DIAGNOSES REDACTED]. a. The May 2020 physician's orders [REDACTED]. b. A Care Plan dated 3/13/2020 documented, I am at risk for exposure and contracting the [MEDICAL CONDITION] . Wears a mask to and from [MEDICAL TREATMENT] . c. On 5/18/2020 at 10:42 AM, Resident #5 was in the hallway, being wheeled by staff, both wearing masks. CNA #1 stated, She just came back from [MEDICAL TREATMENT] . Resident was taken to a room on the B hall. 4. Resident #6 had a [DIAGNOSES REDACTED]. a. A Psychosocial Care Plan dated 3/13/2020 documented, I am at risk for exposure/contracting COVID-19 . Wears a mask to and from [MEDICAL TREATMENT] . b. physician's orders [REDACTED]. [MEDICAL TREATMENT] . on M-W-F . c. The facility floor plan was provided on 5/18/2020 by the DON and identified Resident #6 was on the E Hall. 5. Resident #1 had [DIAGNOSES REDACTED]. a. The Physician order [REDACTED]. b. On 5/18/2020 at 10:56 AM, Resident #1's room on the C hall, had no signage on the door to identify they were on quarantine. A photo was taken at this time. 6. Resident #3 had a [DIAGNOSES REDACTED]. a. physician's orders [REDACTED]. b. On 5/18/2020 at 11:16 AM, Resident #3 was in a room on the A-hall and had no signage on the door of being on quarantine. A photo was taken at this time. The Administrator came down the hall at that time and was asked how the staff knew this was a quarantined resident. She stated, Every morning we have this sheet at the nurse's station that informs all of the staff who is currently on quarantine. The nurses inform the oncoming shift in report, and the daily census sheet has it on there . 7. Resident #2 had a [DIAGNOSES REDACTED]. The Physician order [REDACTED]. b. On 5/18/2020 at 11:19 AM, Resident #2 was in a room on the B hall and had no signage to identify the resident was on quarantine. A photo was taken at this time. 8. Resident #4 had a [DIAGNOSES REDACTED]. a. A Physician order [REDACTED]. b. On 5/18/2020 at 11:42 AM, Resident #4 was in a room on the B hall. A photo was taken at this time. 9. On 5/18/2020 at 12:21 PM, during the lunch meal in the main dining room, there were 14 residents in attendance, with staff assisting various residents. All staff had masks on and the residents did not. Two tables were observed with two residents and one staff member at each table. The staff member was sitting between the residents. Photos were taken at this time. a. At 12:22 PM, Certified Nursing Assistant (CNA) #4 was sitting at Table #1 with no gloves on and assisted both residents with their meal. The residents were sitting opposite each other at a four-top table, with CNA #4 sitting between them. CNA #4 would give Resident #7 a bite, then without sanitizing her hands, roll over and give Resident #8 a bite. This was observed for several bites between the residents. CNA #4 was asked if she was to be sanitizing her hands between resident bites, or residents? CNA #4 shrugged and stated, I don't think so. b. At 12:30 PM, the Dietary Manager was sitting at Table #2 with no gloves on and assisted Residents #9 and #10 with their meal. The residents were sitting opposite each other, with the Dietary Manager sitting between them. The Dietary Manager would give Resident #9 a bite, then Resident #10 a bite. She never washed or sanitized her hands while going back and forth between the residents. The Dietary Manager was asked if she was to be sanitizing her hands between resident bites, or residents? Dietary Manager stated, No, we're just feeding them, I haven't been doing it, are we supposed to? c. On 5/18/2020 at 1:08 PM, the DON was asked, When staff are feeding residents, what is your usual plan? She stated, What do you mean? She was asked, Well, do they feed the residents who need assistance separately or do they feed more than one at a time? She stated, In their rooms, they feed one at a time, but in the dining room they can feed two and keep the social distance. She was asked, Do they need to sanitize their hands between residents? She stated, I haven't had any information on feeding, I'll have to contact my consultant .But I don't know why they'd have to, the resident isn't touching the utensils .</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.