

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER SOMERSET SENIOR LIVING AT HARRISON		STREET ADDRESS, CITY, STATE, ZIP 115 ORENDORFF 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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Complaint # (AR 356) was substantiated, all or in part, with these findings: Based on observation and interview, the facility failed to ensure the new Centers for Disease Control and Prevention (CDC) Coronavirus precautions were correctly put in place and followed to assist in the prevention of the spread of the Coronavirus for residents who resided in the facility. This failed practice had the potential to affect all 67 residents who resided in the facility, according to the Daily Census List provided by the Administrator on 3/13/2020. The findings are: 1. On 3/13/2020 at 10:34 a.m., the front entrance of the facility was observed, and photographs were obtained. The front entrance of the facility had two glass doors that opened to an enclosed room. The enclosed room had two glass doors that opened to the Main Entrance and the East and West Hallways. The East Hallway had residents who resided in rooms on both sides of the hallway. The East Hallway had a Nurses' Station at the end of the hallway. The Resident's Day Area was directly in front of the Main Entrance. The West Hallway had staff offices or rooms on both sides of the hallway, and the hallway led to the Therapy Room. 2. On 3/13/2020 at 10:36 a.m., the sign posted on the right glass door documented, .Flu Precautions . For Our Residents Protection Please do not enter our Facility If you have . Been out of the country OR have A[ST] Signs or Symptoms of Illness . A Cough, Fever, Nausea, Diarrhea, SOB (shortness of breath) Or have been exposed in the last 2 weeks . 3. On 3/13/2020 at 10:36 a.m., the sign posted above, the previous mentioned sign, on the right glass door read, .No visitors allowed . If your family is on Hospice care and / or imminent you may visit between 7 a (7:00 a.m.) and 3 p (3:00 p.m.) only . No other visitors allowed.We will keep you updated . 4. On 3/13/2020 at 10:40 a.m., the desk located at the front entrance was observed and photographs were obtained. The desk was covered with a blue tablecloth and had several clipboards with forms required for visitors to read and fill out regarding potential risk factors associated with the Coronavirus. A Temporal Thermometer, Alcohol Prep Pads, and Alcohol Based Hand Sanitizer were also on the table. A sign on the table documented, .If No One Is At This Desk Check In At East Nurses Station . 5. On 3/13/2020 at 10:50 a.m., the Social Services Director was asked if she talked to any visitors about an employee not being at the Front Entrance ensuring that visitors were filling out the required forms and getting their temperatures checked prior to visiting residents. The Social Services Director stated, I don't remember anything like that. There was an incident earlier today. One of my family members went to his mother's room and then straight into the Dining Room. I was told this when I got here. The visitor was seen in the Dining Room. 6. On 3/13/2020 at 10:55 a.m., the Administrator was asked if she was aware of a staff member not being at the front entrance ensuring that visitors and staff members were filling out the required forms and getting their temperatures checked prior to visiting residents. The Administrator stated, No, not to my knowledge. We have always had a staff member at the front entrance. I was told about the one visitor, but he was brought back to the front entrance and his temperature was checked. I guess he just slipped through. I don't know for sure. The Administrator was asked about the sign on the table next to the front entrance that instructed individuals to go to the East Nurses' Stations if no one was at the front desk. The Administrator stated, That was intended for employees only. I am going to have it removed now. We are going to start locking the front door. The Administrator was asked when the screening process was set up in the facility. The Administrator stated, We started Tuesday morning screening visitors and staff members. We set up the station in the Foyer on Monday. The Administrator was asked if any residents resided on the East Hall. The Administrator stated, Yes.</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.