

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 09/04/2020
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.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview the facility failed to ensure residents with negative COVID-19 test results were not placed on the COVID-19 unit and were not being cared for by staff who tested positive for COVID-19, and failed to designate a specific wing or hall in the building as a designated quarantined area. The facility failed to ensure all residents were assessed at least 3 times a day for COVID signs and symptoms due to positive resident(s) and worker(s) identified in the facility. These failed practices resulted in Immediate Jeopardy that caused or was likely to cause serious harm, injury or death to Resident #3 who had was negative for COVID-19 and resided in the same room a Resident #2 who had tested positive for COVID-19, and Resident #4 who tested negative for COVID-19 and resided on the COVID-19 only unit and was being cared for by staff who had tested positive for COVID-19. The Administrator was informed of the Immediate Jeopardy on 09/03/2020 at 12:30 p.m. The findings are: 1. Resident #2's COVID-19 test collected on 08/28/2020 documented the resident was positive for COVID-19. 2. Resident #3's COVID-19 test on 08/28/2020 documented the resident was negative for COVID-19. a. A physician progress notes [REDACTED].M. documented, Pt (Patient) is covid19 positive secondary to an exposure. Patient was seen and examined today via telehealth. Pt symptoms are tired and a cough, nothing else at this point. b. A Nursing Note dated 09/02/2020 stated, N/O (New Order) to retest for Covid 19 per (APN) (Advanced Practice Nurse). Covid 19 test performed and specimen sent to (Lab). Awaiting results at this time. Resident noted to have nonproductive cough. Increased fatigue. Decreased appetite. Lung sounds CTA (Clear To Auscultation). Denies dyspnea/ (and or) sob (shortness of breath). Skin color is pale. Staff reported diarrhea this shift. c. On 09/03/2020 at 10:14 A.M., the DON was asked to clarify the information in the medical record that (Resident #3) tested negative for COVID-19, but a doctor's note and a progress note stated that he is positive. The DON stated, His test results were negative, but his roommates were positive. The DON was asked if the resident's room was on the COVID hall. The DON stated, Yes. The DON was asked, Why is a negative resident living on the Covid positive hall? The DON stated, He was already there, that was his original room. His test was negative, but he started coughing. We retested him again yesterday but do not have the results back yet. The DON was asked if he had a roommate. DON stated, I cannot remember. The DON was asked if negative residents should be living in the COVID unit with positive residents. The DON stated, No, we probably should have moved him. 3. On 09/03/2020 at 10:20 A.M., Resident #2 and Resident #3 were in Resident room [ROOM NUMBER] on the COVID positive hall sitting near the doorway of the room. Resident #3 had a surgical mask on. Resident #2 who was positive for COVID-19 was sitting approximately 2 feet from Resident #3 without a face covering. Resident #2 and Resident #3 were interacting with each other and visiting with staff as they walked down the hall. 4. Resident #4's COVID-19 test on 08/28/2020 documented the resident was negative for COVID-19. a. A physician progress notes [REDACTED].M. documented, Pt is Covid 19 positive secondary to an exposure. Patient was seen and examined today via telehealth. Pt symptoms are headache, usual tiredness, nothing else at this point. b. A nurse progress notes on 09/01/2020 at 5:23 P.M. documented, Resident on isolation protocol r/t (related to) Covid 19 exposure. Has tested negative but is starting to show symptoms today of fatigue, headache, and body aches. Low grade fever noted. Will continue to observe for change in condition. c. A physician's orders [REDACTED].M. documented, Covid 19 test to be collected and sent out. d. On 09/03/2020 at 11:00 A.M., the ICP was asked if there were any other residents living on the Covid unit that were negative. The ICP stated, Resident #4 is back there, he was retested yesterday, but we do not have the results yet. 5. On 09/03/2020 at 8:09 A.M., the DON said she found out about the positive COVID results for the residents when she checked the website first thing on 8/31/2020 at which time she said all of the positives were moved to the COVID hall. 6. On 09/04/2020 at 10:00 A.M., the Administrator was asked why the Negative COVID-19 residents were housed with the positive residents. She replied, I left it up to my Nursing Staff to leave them on the COVID hall because they told me they were having symptoms, but now I know the symptoms weren't documented and they needed to be quarantined but not with the Positive Residents. 7. On 09/02/2020 at 10:50 A.M., the Director of Nursing (DON) was asked, How often are COVID assessments completed on resident's who have tested positive for COVID? The DON stated, At least every shift. We assess lung sounds, temperature, and other symptoms like shortness of breath, restlessness, anything unusual. The DON asked, How often are assessments completed on residents that were not positive for COVID-19? The DON stated, Every shift we assess temperature, lung sounds, and O2 (Oxygen) sats (saturation). The DON was asked, Where is the documentation for the assessments located in the chart? The DON stated, In the skilled charting for the residents that are positive for COVID and in the vital signs and progress notes for the residents that are not positive. a. On 09/03/2020 at 11:10 A.M., Residents #1's, #2's, #3's, and #4's medical record documented temperatures and lung sounds were assessed routinely twice a day. There was no documentation of other COVID symptoms being assessed such as; cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. b. On 09/03/2020 at 1:39 P.M., Licensed Practical Nurse (LPN) #1 was asked, How are the residents assessed for COVID-19 symptoms? LPN stated, Well the aides do the temps and I go through and listen to their lungs and get their oxygen level. We listen every shift and we do 12 hour shifts so that is twice a day. The temps are taken every 4-5 hours. LPN #1 was asked if other signs and symptoms for COVID-19 like fatigue, body aches, loss of taste or smell, nausea, vomiting or diarrhea were assessed and if so, how often. LPN #1 stated, Mainly it is when a resident complains of something or a CNA (Certified Nursing Assistant) reports anything different with the patient. 8. On 09/02/2020 at 10:09 A.M., Resident #1 had a 3 drawer Isolation supply cabinet outside the resident's door. A sign on the door documented, Quarantine 8/31/20 - 9/15/20. A full red bag and a full yellow bag was laying on the floor with the tops of both bags open. There were no isolation barrels in her room. a. On 09/03/2020 at 8:30 A.M., the Infection Control Preventionist (ICP) was asked if she saw any problems with the full red bag and a full yellow bag laying on the floor with the tops of both bags open and no isolation barrels in (Resident #1's) room. She said, Yes, we had run out of Isolation Barrels. The Maintenance Man went to pick some up yesterday, but regardless the bags you saw should not have been open and laying on the floor in her room. b. On 09/03/2020 at 8:53 A.M., quarantine rooms 134, 135, 120, 122, and 126 isolation barrels and biohazard boxes were open and uncovered. c. On 09/03/2020 at 9:15 A.M., the ICP was asked if she saw any problems in the quarantine rooms. The ICP stated, Yes the barrels should be covered, they should not be open. 9. On 09/03/2020 at 10:30 A.M., Housekeeper #1 was working on the COVID unit. Housekeeper #1 was positive for COVID-19. Housekeeper #1 was asked if she has any symptoms of COVID-19. Housekeeper #1 stated, None, when I found out I was positive I started taking vitamins and now I feel better than I did before. I have no symptoms. Housekeeper #1 was asked if she was working any other halls. Housekeeper #1 stated, No I am just working the COVID hall. a. On 09/03/2020 at 11:14 A.M., the Administrator was asked if she was aware that there were 2 negative COVID-19 residents residing on the COVID-19 positive unit. She said, Yes. She was asked if she had positive, asymptomatic COVID-19 staff working on the COVID-19 unit as allowed according to the above Staffing Waiver. She said, Yes. She was asked if she was aware that the Staffing Waiver prohibits positive, asymptomatic COVID-19 staff from caring for Negative COVID-19 Residents. She said, Yes. b. On 09/04/2020 at 9:00 A.M., a list of provided by the Administrator indicated that the following positive COVID staff members</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>worked the COVID hall which contained 2 negative residents from 08/31/2020 - 09/03/2020. On 09/01/2020, LPN #2 worked 7:00 p.m. to 7:00 a.m. On 09/02/2020, Certified Nursing Assistant (CNA) #2 worked 7:00 a.m. to 1:00 p.m., Housekeeper #1 worked day shift, LPN #2 worked 7:00 p.m. to 7:00 a.m., LPN #3 worked 7:00 p.m. to 7:00 a.m. On 09/03/2020 Housekeeper #1 worked day shift. c. The Temporary and Limited Waiver for Critical Staffing dated September 1, 2020 provided by the Administrator on 09/03/2020 documented, . (Facility) may allow its healthcare workers who test positive for COVID-19 and are asymptomatic to return to work in certain limited circumstances described below for the duration of the public health emergency declared by the Governor . This letter constitutes a temporary and limited waiver by the OLTC (Office of Long Term Care) of the following rules in order to allow (Facility) to have adequate staff to ensure the health and safety of all residents. The waiver is limited to the express terms of waiver . Healthcare workers authorized to work under this waiver are subject to the following limitations: . The administrator continues to find that medically necessary care cannot occur without the use of COVID-19 positive workers. The administrator must document in writing on a weekly basis beginning Tuesday, September 1, 2020, that medically necessary care cannot occur without the use of COVID-19 positive workers. COVID-19 positive workers are only allowed to care for positive residents located in a dedicated COVID-19 positive area. COVID-19 positive workers are not allowed to care for residents in any other circumstance or work in any other area . COVID-19 positive workers must be monitored for symptoms every hour throughout their shifts, including without limitation checking for temperature above 100.4 degrees Fahrenheit . The facility must provide documentation supporting the facility's compliance with these requirements to OLTC and ADH (Arkansas Department of Health) immediately upon request . This waiver is subject to revocation by OLTC an any time for any violation of these requirements, OLTC otherwise determines that the waiver should end, or the end of the public health emergency declared by the Governor, whichever occurs first. Signed by Director Office of Long Term Care. 10. The ADH (Arkansas Department of Health) Guidance for Reducing Spread on COVID-19 in Long-Term Care Facilities dated 08/04/2020 documented, .The Arkansas Department of Health (ADH) recommends the following actions when a health care worker or resident at a long-term care facility tests positive (regardless of symptoms) for COVID-19: . 5. Facilities should identify a specific wing or hall in the building that can be a designated area for positive residents that is separate from negative residents. All positive residents should be placed in this area (ideally each in a private room). 6. Facilities should identify a specific wing or hall in the building that can be a designated quarantine area for residents who have had a prolonged direct exposure (within 6 feet of the person for more than 15 consecutive minutes) to a positive resident or healthcare worker. All exposed residents should be placed in this area for quarantine (ideally each in a private room) for 14 days from the date of last exposure. The same personal protective equipment should be worn as with a positive resident . 8. Symptom monitoring should be increased to at least 3 times a day for residents when a positive resident or worker is identified in the facility . 11. Healthcare workers that test positive can return to work during their isolation period under the following circumstances once a waiver has been received from DHS to allow them to do so: b. Positive workers are only allowed to care for positive residents located in a dedicated COVID-19 positive area. 11. On 09/03/2020 at 3:30 P.M., the Immediate Jeopardy was removed, and the scope and severity reduced to an F when the following plan of removal was implemented. We will have (Resident #3) and (Resident #4) that are negative for COVID moved to the quarantined area, separate from the COVID unit by 3:30 today. This will be done by maintenance and housekeeping and any other available staff. All staff will be in-serviced by the DON/designee on COVID and quarantine procedures to prevent the outbreak of the [MEDICAL CONDITION] by the end of shift 09/03/2020 at 3:00 PM. All other staff will be in-serviced prior to their next scheduled shift. The Administrator is looking into the best possible placement for quarantine area in nursing home and will try to accomplish this without displacing too many residents and in a timeline that will allow time to make all notification to families of all residents involved in the moves and to allow time to deep clean each room in between rooms with limited staff.</p>		