

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER TWIN LAKES THERAPY AND LIVING		STREET ADDRESS, CITY, STATE, ZIP 6152 HIGHWAY 202 EAST FLIPPIN, AR 72634	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview the facility failed to ensure appropriate Personal Protective Equipment (PPE) was worn by staff during the care of a resident in Quarantine to prevent the potential for the spread of infection during a COVID-19 Pandemic for 1 (Resident #1) of 3 Residents (Resident's #1, #2, and #3) in Quarantine. The facility failed to ensure equipment in a quarantine room was not removed and used on the B and C halls for 1 of 4 Halls to prevent the potential for the spread of infection. This failed practice had the potential to affect 22 residents who resided on B and C halls, according to a list provided by the Director of Nursing (DON) on 6/16/2020. The findings are: 1. Resident #1 had a [DIAGNOSES REDACTED]. a. The Care Plan dated 5/22/2020 documented, Resident #1 has an alteration in gastrointestinal status and is at risk for stomach pain r/t (related to)[MEDICAL CONDITION](gastrointestinal reflux disease) and [MEDICAL CONDITION] ulcer ., has nausea and vomiting Date Initiated: 10/01/2019 ., has an alteration in hematological status r/t [MEDICAL CONDITION] and the use of blood thinners secondary to acute embolism and [MEDICAL CONDITION] ., has the potential to develop a respiratory infection due to the Covid-19 pandemic. Date Initiated: 05/22/2020 ., is at risk for alteration in psychosocial well-being due to restriction on visitation due to COVID-19. b. A physician's orders [REDACTED]. Droplet/contact isolation for 14 days, COVID -19 per facility protocol per (Doctor) every shift until 06/30/2020 23:59 started 6/16/20 . c. On 6/16/2020 at 10:43 a.m., a photograph was taken of Resident #1's door with signage posted for Airborne, Droplet and contact isolation. PPE was available outside of the resident's room. d. On 6/16/2020 at 11:34 a.m., Resident #1 returned to the facility via (by way of) gurney by Emergency Medical Services (EMS) personnel from an appointment at (Hospital). Certified Nursing Assistant (CNA) #1 preceded the gurney into the room and the only PPE in use was a mask. A photograph of CNA #1 with only a face mask on and was taken at this time. e. On 6/16/2020 at 11:36 a.m., CNA #1 exited Resident #1's room and without sanitizing her hands, entered the employee break room by entering the key code to unlock the door. At 11:40 a.m., CNA #1 exited the break room and was asked was Resident #1 in Quarantine when he left the facility for his procedure? She stated, Yes he was. She was asked, When he returned to the facility he remained in Quarantine? She stated, Yes. He came back on Quarantine. She was asked, Did you enter Resident #1's room without donning any PPE? She stated, Yes ma'am I did. She was asked, What PPE were you expected to don with the type of Quarantine Resident #1 was in? She stated, An N-95 mask, gown, gloves and goggles. She was asked, What could be a potential problem with not donning the appropriate PPE while caring for this resident? She stated, Cross contamination and spreading infection. She was asked, Is your clothing considered contaminated since you didn't wear the appropriate PPE when caring for resident? She stated, Well, I guess. Yes. It would be. f. On 6/16/2020 at 11:37 a.m., CNA #2 came to the door from inside of the resident's room. In his gloved hands he held a wrist blood pressure cuff with a cloth band, an electronic thermometer, and a pulse oximeter (pulse ox). CNA #2 requested CNA #3 to hand him the Cavi-wipes. They were taken out of the cart next to the door and placed on the top of the cart. CNA #2 laid the cuff, pulse ox, and the thermometer down on top of the cart. Without changing his gloves, held on to the Cavi-wipe container while pulling a wipe out with the other hand. He picked up the thermometer and after wiping it down handed it to CNA #3, picked up the pulse ox, wiped it down, and handed it off. He wiped the blood pressure cuff and cloth band with a new wipe, then handed it to CNA #3. CNA #2 removed his gloves, placed them into the red isolation trash, then while holding on to the Cavi-wipe container, he pulled a wipe out, and wiped the top of the cart, without sanitizing his hands. CNA #1 was asked if these supplies were used on all of the residents? CNA #2 stated, Yes. But we clean them first. CNA #2 was asked, Are they used just for the Quarantine or for all of the residents' vital signs? CNA #2 stated, For everyone. Those are the ones we have. CNA #2 was asked, How often are the vital signs of the residents taken? CNA #2 stated, We check them every shift. CNA #2 was asked, With these same thermometer, pulse ox, and blood pressure cuff? CNA #2 stated Yes g. On 6/16/2020 at 12:03 p.m., the DON was asked if disposable supplies were available for the Quarantine residents, such as thermometer, blood pressure cuffs, and pulse oximeters? She stated, No. We've tried to order them, but they always come back as on ack order. I can't get them. But I have these. She reached for and pulled out 3 boxes that contained new blood pressure cuffs, and stated, We can use these. She was asked, Should disposable supplies be used in the isolation / Quarantine rooms? She stated, Yes. They shouldn't bring anything out of the room. She was asked, Is there a potential for cross contamination with the reused supplies? She stated, When you put it like that, it sounds really bad. She was asked, If these residents were positive for COVID-19, could it be spread with the reusing of these supplies? She stated, Yes. h. On 6/16/2020 at 12:03 p.m., the DON was asked to look at a photo of the label taken of the Cavi-wipe container. In the photo, it clearly stated. for use on hard non-porous surfaces . She stated, I see where it says that. She was asked, Would the cloth blood pressure cuff be able to be disinfected using these wipes? She stated, No. It wouldn't. i. An in-service dated 3/27/2020 had 29 employee signatures. 11 employee signatures were nursing staff and 14 were CNA staff including CNA #1. The form documented, Contact Precautions ., Staff don gloves and isolation gown before contact with the resident and/or his/her environment ., Airborne Precautions ., Staff don N-95 or higher-level respirator prior to room entry of a resident ., for a resident with known or suspected COVID-19 ., staff wear gloves, isolation gown, eye protection and a N95 or higher level respirator if available ., Dedicated or disposable noncritical resident equipment (ie. (id est, in other words) B/P (blood pressure) cuff, glucometer, etc (et cetera, and the rest)) is used or if not available, then equipment is cleaned and disinfected according to the manufacturer's instructions using a EPA (environmental protection agency) registered disinfectant for healthcare setting prior to use on another resident . j. On 6/16/2020 at 2:47 p.m., a form titled Isolation-Categories of Transmission-Based Precautions documented, The signage informs the staff of the type of CDC (centers for disease control) precautions (s), instructions for use of PPE, and/or instructions to see a nurse before entering the room . When transmission-based precautions are in effect, non-critical resident-care equipment items such as a stethoscope, sphygmomanometer, or digital thermometer will be dedicated to a single resident (or cohort of residents) when possible ., If re-use of items is necessary, then the items will be cleaned and disinfected according to current guidelines before use with another resident .</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.