

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEAR CREEK HEALTHCARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>322 WEST COLLIN RAYE DRIVE DE QUEEN, AR 71832</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, record review, and interview, the facility failed to maintain social distancing of 6 feet between residents who were eating in the Dining Room on the Secured Unit and / or serve the residents in their rooms for 9 (Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9) of 9 residents who resided on the Secured Unit. This failed practice had the potential to affect 11 residents who resided on the Secured Unit, F Hall, as documented on a Resident Census List provided by the Administrator on 6/3/2020. The findings are: a. On 6/3/2020 at 12:00 p.m., 4 residents who resided on the Secured Unit were seated at a half moon table in the Dining Room and were being assisted with feeding by Certified Nursing Assistant (CNA) #1. The table was approximately 4 to 5 feet across. There was not a 6-foot distance between each resident at the table. There were 3 tables in the Dining Room area. The Dining Room contained the half-moon table and 2 other tables that were approximately 3 by 5 feet, and rectangular in shape. One table was in the corner against 2 walls, and there were no residents seated at the table. The other rectangular table was against the wall on one side and had 3 residents seated around it. Licensed Practical Nurse (LPN) #1 was seated with these residents and was assisting them with their meal. There were 2 other residents seated in recliners that were side-by-side, and approximately 3 feet apart. These 2 residents were feeding themselves with their meal tray on over-the-bed tables. Two residents were eating in their rooms on the Secured Unit. The staff were wearing masks, but no masks were visible that the resident might have had on prior to meal service. b. On 6/3/2020 at 1:43 p.m., the facility Infection Control Binder contained an undated document which was signed by the Medical Director, the Administrator, and the Director of Nursing and documented. It is very difficult for the residents who reside on the SCU (Secured Unit) to change their old habits as they are used to their previous structured environment. Asking them to disrupt their routines could be upsetting to them. We have weighed both our risks and benefits and at this time, we feel that the benefits outweigh the risks. c. On 6/3/2020 at 2:20p.m., 4 residents were seated in the Day Room in the recliners that were spaced 2 to 3 feet apart. The residents did not have on a mask, and the staff did not redirect them. Another resident was wearing a mask as he sat out in the hallway. d. On 6/3/2020 at 3:50 p.m., two residents in the Secured Unit were sitting side-by-side in the recliners in the Day Room, and a third resident was sitting on the end with one recliner vacant. One resident was self-propelling in a wheelchair in the hallway. One resident was sitting in a Broda chair in front of a CNA who was seated at the glass exit door. There was a resident seated in a wheelchair, approximately 3 feet from the first recliner. One resident was in the Dining Room area and one resident was in the hallway with a mask on. No other residents were seen outside of their rooms. e. On 6/3/2020 at 4:29 p.m., 2 residents on the Secured Unit were at the half-moon table in the Dining Room, one on each end of the table. There was 1 resident at each of the rectangular tables. They all had face masks on. One resident sitting by the glass door with an over-the-bed table in front of him and had a mask on. There was a resident in each of the 4 recliners, two with masks on, and 2 without a face mask on. f. On 6/3/2020 at 4:45 p.m., a second resident was placed at one of the rectangular tables, making it one resident on each end of that table. One resident was placed over by television and served his tray on an over-the-bed table. Two of the residents who had been seated on the last 2 recliners had moved, leaving 2 male residents seated side-by-side. Two residents were eating their meal in their room. Two nurses and two CNAs were assisting the residents with the evening meal. g. On 6/5/2020 at 12:47 p.m., Licensed Practical Nurse (LPN) #1 was asked what she had been trained to do relating to distancing the residents. She stated, Encourage them to stay at least 6 feet apart and encourage them to wear a mask, also. We are also to encourage them to distance, and to distance them during mealtime. h. On 6/5/2020 at 1:06 p.m., CNA #1 was asked what she was trained relating to distancing the residents. She stated, We were encouraged to have social distancing, at least 6 feet apart, and encourage them (residents) to stay in their room, and that doesn't always happen. We encourage them to wear a face mask while they are out (of their rooms). She was asked how the staff accomplished that during mealtime. She stated, If we have enough staff (to assist feed), we can put 1 on each end of the tables. She stated that if they did not serve their trays (when they were delivered to the floor) the food would get cold. i. On 6/5/2020 at 1:30 p.m., CNA #3 was asked what shift she worked and which hall she worked on. She stated she worked night shift and worked in the SCU (Secured Care Unit). She was asked what she had been trained and educated to do relating to distancing the residents. She stated, I was trained to make sure everybody had on a mask and stayed 6 feet apart. We are exercising that on my shift. She was asked if she was having any trouble doing that. She stated, No ma'am. No trouble with them being in their room. Some ask why, and I remind them. j. On 6/8/2020 at 8:58 a.m., the Director of Nursing was asked where she got the directives for in-servicing staff. She stated, Mostly got directives from ADH (Arkansas Department of Health). She was asked how they trained staff to distance the residents. She stated, 6 feet apart. She was asked to explain how they came to write the statement that was signed by Medical Director, Administrator and herself, and when was it documented. She stated, I think it was the 23rd of March (3/23/2020). We just kind of discussed wearing masks and how hard it was to keep them (residents) with masks on, and keep them distanced, and so we tried to put something in place. She was asked what were the benefits and the risks that you discussed. She stated, They (the residents) benefit from a routine and changing it (their routine) causes them (the residents) to lash out and upsets them. So we try to maintain their routine, but continue to distance them as much as possible. The risk would be them not wearing a mask and social distancing. She was asked, What would that have the potential to cause? She stated, The spread of COVID if one of them got it and was asymptomatic.</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.