

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER WOOD-LAWN HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 2800 NEELEY STREET BATESVILLE, AR 72501	
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>Based on observations, and interview, the facility failed to ensure proper infection prevention and control practices were implemented to prevent the development and transmission of COVID-19 and other communicable diseases and infections as evidenced by wearing a face mask and wearing a face mask to cover the nose for the residents residing; failed to implement proper signage upon entrance to isolation unit; failed to maintain safety of other residents of possible exposure; failed to ensure doors were closed from the resident isolation rooms to prevent potential exposure to other and or other residents; and failed to maintain all residents who were admitted or readmitted from the hospital were placed in the isolation unit in 1 of 1 facility. This failed practice had the potential to affect 123 residents who resided in the facility according to the Resident Census and Condition of Residents form provided by the Assistant Director of Nursing (ADON) on 8/6/2020. The findings are: a. On 8/6/2020 at 9:22 a.m., the double doors on the 2nd floor were closed with no signage on doors. The surveyor took a picture at 9:40 a.m. There were 10 rooms on the isolation unit, 6 rooms not on isolation and 4 rooms on isolation precautions. Resident #6 self-propelled herself through the double doors into the isolation unit. She then went through the other doors of the exit from the unit into the facility. The Surveyors then went to the 1st floor and observed 2 rooms with isolation precaution for re-admit or admit. b. On 8/6/2020 at 9:24 a.m., Rooms #2057 and #2055 were on droplet isolation per a sign on the door. Both of the doors were open completely with reusable gowns in a plastic holder on the door. Photographs were taken of the doors at this time. Certified Nursing Assistant (CNA) #1 was asked, What kind of isolation is this resident in? The CNA #1 stated, I don't know. CNA #1 was asked, How do you know how to take care of this resident? CNA #1 stated, I don't know, and I can go get the nurse. c. On 8/6/2020 at 9:28 a.m., Registered Nurse (RN) #1 placed a sign on the resident door stating resident was in droplet isolation. Registered Nurse (RN) #1 was asked, What is this resident on isolation for? RN #1 stated, Droplet isolation. RN #1 was asked, Why are you putting a sign up there now? RN #1 stated, It had fallen down, so I was putting it back up. RN #1 was asked, Should the residents' door be closed to the hallway? She stated, It's not airborne. d. On 8/6/2020 at 9:43 a.m., the Director of Nursing (DON) was asked, What is droplet precautions? The DON stated, Coughing, sneezing or bodily fluids. It is not airborne. Resident #6 self-propelled herself through the double doors into the isolation unit. She then went through the other doors of the exit from the unit into the facility. e. On 8/6/2020 at 10:12 a.m., there were dirty gloves on the floor around the trash can rooms and #2051 & (and) #2057. A photograph was taken of the dirty gloves and trash cans at this time. f. On 8/6/2020 at 10:17a.m., RN #2 was asked, Why is this resident in isolation? RN #2 stated, It is a new admit from the community. RN #2 was asked, Was this resident tested for COVID prior to admission? RN #2 stated, Yes. We have to have 2 negative tests. RN #2 was asked, Should the doors be closed? RN #2 stated, It's not airborne. g. On 8/6/2020 at 11:07 a.m., Housekeeper #1 had her mask down below her nose. When she saw this surveyor, she pulled her mask up onto the bridge of her nose.</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.