

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER MEADOWVIEW HEALTHCARE AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 825 NORTH GASKILL HUNTSVILLE, AR 72740	
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 observation, record review, and interview, the facility failed to ensure employees were properly screened when entering the facility during the COVID-19 Pandemic; and failed to ensure facility staff sanitized their hands between each resident tray during tray distribution of the lunch meal to residents who received meals in their room on the 200 Hall, to prevent potential cross-contamination and spread of COVID-19 or other infections. This failed practice had the potential to affect 17 residents who resided on the 200 Hall and received lunch trays in their rooms, and 46 residents who resided in the facility, according to the Roster Matrix provided by the Administrator on 6/24/2020. The findings are: 1. On 6/24/2020 at 1:06 p.m., Licensed Practical Nurse (LPN) #1 was asked how the facility is screening the staff. She stated, They are self-screening. She was asked, What do you mean? She stated, They come in and we have everything set up in the breakroom. They answer the questions and take their own temperature. She was asked, Is this monitored? She stated, No. She was asked, If it's not monitored, how do you know that a staff member isn't working while they are sick? She stated, If you knew these guys, they'd do anything for a day off. She was asked, So, if their self-screening shows a temperature, they go home? She stated, If their temperature is over 100.4, it gets verified by a nurse. And if it's that or over, they are sent home with instructions to see their doctor. a. On 6/24/2020 at 2:03 p.m., an employee was reporting for work. The employee checked his temperature, answered the questions on the screening log, and clocked into work. The screening log-book contained several pages of staff names and results of self-screenings. b. On 6/26/2020 at 11:46 a.m., Laundry Staff #1 was asked, Are you screened when you come in for your shift? She stated, What do you mean, the temperature, questions? She was asked, What does this include? She stated, We take our temperature, write it down, and answer the questions. She was asked, You do this yourself? She stated, Yes, ma'am. She was asked, How long have been screening in this way? She stated, Ever since the beginning of all this, 3 to 4 months now. She was asked, How were you instructed to screen? She stated, At an in-service. c. On 6/26/2020 at 11:48 a.m., Licensed Practical Nurse (LPN) #2 was asked, Are you screened when you come in for your shift? She stated, We come in, whenever I come in with my cloth mask, I change to a surgical mask. We take our temperature, answer the questions, and as long as we don't have a fever, we can go to work. She was asked, What does this include? She stated, Taking our temperature and answering the questions. She was asked, How long have you been screening in this way? She stated, Since we started this. She was asked, How were you instructed to screen? She stated, Whenever we had the first outbreak, we had a meeting. It was posted by the time clock. She was asked, Is the sign still there? She stated, Yes, ma'am. It's still there. d. On 6/26/2020 at 11:50 a.m., Certified Nursing Assistant (CNA) #2 was asked, Are you screened when you come in for your shift? She stated, Yes. She was asked, What does this include? She stated, All of the questions. You have to take your temp (temperature), and write it down, and answer the questions. She was asked, How long have been screening in this way? She stated, Since the first of March (2020). She was asked, How were you instructed to screen? She stated, We had an in-service on that. She was asked, Are there directions by the time clock to screen in this manner? She stated, Yes. Right by the time clock. e. On 6/26/2020 at 11:52 a.m., Housekeeper #1 was asked, Are you screened when you come in for your shift? She stated, Yes. She was asked, What does this include? She stated, Temperature checks and then questions. She was asked, Who does this? She stated, There is a book where we clock in. We take our temperature and answer the questions. She was asked, How long have you been screening in this way? She stated, We started in April (2020) I think. Maybe the end of March (2020). She was asked, How were you instructed to screen? She stated, They told us, I think, in an in-service. She was asked, Are there instructions at the time clock to do this? She stated, I think there are instructions on the paper, but I'm not sure if they are at the time clock. f. A facility policy titled (Facility) Emergent Infectious Disease provided by the Director of Nursing (DON) on 6/24/2020 at 11:18 a.m. with a review date of 3/10/2020 documented, To ensure that staff and / or new residents are not at risk of spreading the EID (Emergent Infectious Disease) into the facility, screening for exposure risk and signs and symptoms may be done prior to admission of a new resident and / or allowing new staff persons to report to work .</p> <p>2. On 6/24/2020 at 12:07 p.m., during the hall lunch tray distribution, Certified Nursing Assistant (CNA) #1 removed lunch trays from the tray delivery cart and delivered them to residents' rooms on the 200 Hall. CNA #1 delivered no less than 4 lunch trays without sanitizing her hands between each tray delivery. a. On 6/24/2020 at 1:10 p.m., CNA #1 was asked if hands should be sanitized between each tray delivery. CNA #1 stated, Yes. She was asked, When you passed trays today, did you sanitize your hands between each tray? She stated, Probably not. You caught me. b. On 6/26/2020 at 11:20 a.m., the DON was asked if there was a facility policy for hand hygiene. She stated, No. Not a specific policy because it's built into so many other policies. She was asked, Is there a policy that addresses hand hygiene during meal service? The DON stated, No. c. On 6/26/2020 at 11:48 a.m., Licensed Practical Nurse (LPN) #2 was asked, Should you sanitize your hands after delivering a residents meal tray? She stated, Yes, ma'am. Definitely. She was asked, If hands are not sanitized between meal trays, does that have a potential for the spread of infection? She stated, Yes, ma'am. d. On 6/26/2020 at 11:50 a.m., CNA #2 was asked, Should you sanitize your hands after delivering a resident's meal tray? She stated, Oh gosh, yes. We do that anyway. We leave the room, sanitize, and pick up another one (tray). She was asked, If hands are not sanitized between meal trays, does that have a potential for the spread of infection? She stated, Yes, it does. e. On 6/24/2020 at 1:25 p.m., the Director of Nursing (DON) was asked, Do you expect your staff to wash their hands between each tray delivery while distributing the meals? She stated, Yes. They should be. She was asked if the staff are trained to sanitize between each tray. She 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.