

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER ENCORE HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1820 WEST MOLINE STREET MALVERN, AR 72104	
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 - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure an ice scoop was not placed on top of the Personal Protective Equipment (PPE) container on the COVID Unit, and failed to ensure the ice chest was off the floor to the prevent the potential for cross-contamination and spread of COVID-19 and other infections. This failed practice had the potential to affect all 16 residents who resided on the COVID Unit, according to a list provided by the Administrator on 10/19/2020. The findings are: 1. On 10/19/2020 at 11:50 a.m., a white bin containing Personal Protective Equipment (PPE) was in the entry area of the COVID Unit. A black garbage can with used PPE inside of the can was beside the bin containing PPE. Two other containers with clean PPE inside the containers were beside the black garbage can. An ice chest was on the floor beside the containers. The ice scoop was inside an open plastic bag and was lying on top of the container of the clean PPE. a. On 10/20/2020 at 11:28 a.m., Certified Nursing Assistant (CNA) #1 was asked, If a resident is on the COVID Unit, should the ice chest be on the floor? She stated, I wouldn't think it should be on the floor. She was asked, Can you tell me why the ice chest shouldn't be on the floor? She stated, I would think it would be on something like they put our drinks on. b. On 10/20/2020 at 11:51 a.m., CNA #2 was asked, If a resident is on the COVID Unit, should the ice chest be on the floor? She stated, No ma'am, that's contamination. Everything has to be off the floor. c. On 10/20/2020 at 12:13 p.m., the Director of Nursing (DON) was asked, Should the ice scoop be on top of the container that holds the PPE, and should the ice chest be on the floor on the COVID Hall? She stated, No, because nothing is supposed to be on the floor. d. On 10/20/2020 at 1:28 p.m., the Administrator was asked, Should the ice scoop be on top of the container that holds the PPE, and should the ice chest be on the floor on the COVID Hall? She stated, I would say no to the ice scoop being on top of the PPE container. The ice chest is on wheels, so it's in a closed container.		
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.