

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER ST JOHNS PLACE OF ARKANSAS, LLC		STREET ADDRESS, CITY, STATE, ZIP 1400 HWY 79/167 BYPASS FORDYCE, AR 71742	
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** Based on observation, record review, and interview, the facility failed to ensure social distancing was consistently maintained between residents, failed to ensure residents were encouraged to wear face masks for 5 (Residents #1, #2, #3, #5, and #6) sampled residents who were not wearing masks and not social distancing while inside the facility; and failed to ensure visitors on the outside distanced themselves from the residents and wore masks for 2 (Residents #4 and #2) of 2 (Residents #4 and #2) sampled resident who were not social distancing and not wearing a mask while outside, to prevent the potential spread of the COVID-19 infection. These failed practices had the potential to affect 58 residents residing in the facility, according to the Resident List provided by the Administrator on 6/1/20. The findings are: 1. Resident #4 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/20/2020 documented the resident scored 14 (13-15 indicates cognitively intact) on a Brief Interview Mental Status (BIMS); required extensive one-person assistance with activities of daily living self-performance skills. a. A physician's orders [REDACTED]. Does the resident exhibit any of the following potential S/S (signs / symptoms) of COVID . Fever, Headache, Cough, Chest Pain, Muscle aches, N/V/D (nausea, vomiting, diarrhea), Shortness of Breath, Runny Nose, Sore Throat, Change in mental status / confusion, or has a change in condition . If 'Yes' enter 'Y' in the S/S field And complete a Progress Note and / or every 8 hours for COVID . Droplet Isolation Precautions for COVID-19 . b. A physician's orders [REDACTED]. Does the resident exhibit any of the following potential S/S (signs / symptoms) of COVID . Fever, Headache, Cough, Chest Pain, Muscle aches, N/V/D (nausea, vomiting diarrhea), Shortness of Breath, Runny Nose, Sore Throat, Change in mental status / confusion, or has a change in condition . If 'Yes' enter 'Y' in the S/S field and complete a Progress Note and / or Change in Condition form (if indicated) . If no S/S present, enter 'N' in the S/S field . every 8 hours . c. On 6/1/2020 at 11:05 a.m., several people were sitting outside in the front of facility. There was one person sitting on the ground and 2 others sitting on the bench, in close proximity to each other. None of the people were wearing a mask. There was a staff member outside with a mask on. The 2 residents outside did not have a mask on. Resident #4 was sitting near the people who were sitting on the ground. d. On 6/1/2020 at 12:15 p.m., the Social Director was asked about the group that was outside when the Surveyors arrived. She stated, Those were not residents. They were family members visiting with a new resident, (Resident #4). She was asked if the residents should have a mask on and if they should be distanced? She stated, Yes, they should. 2. Resident #6 had [DIAGNOSES REDACTED]. a. The Plan of Care dated 3/31/2020 documented, .Does the resident exhibit any of the following potential S/S (signs / symptoms) of COVID . Fever, Headache, Cough, Chest Pain, Muscle aches, N/V/D, Shortness of Breath, Runny Nose, Sore Throat, Change in mental status / confusion, or has a change in condition . If 'Yes' enter 'Y' in the S/S field And complete a Progress Note and / or Change in Condition form (if indicated) . If no S/S present, enter 'N' in the S/S field . every 8 hours . b. On 6/1/2020 at 12:15 p.m., the resident was sitting on the sofa near the Nurse's Station. The resident was being escorted to the Dining Room from the sofa near the Nurses Station with no mask on. Staff came to escort her to the Dining Room but did not encourage her to put on a mask. 3. Resident #1 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 4/11/20 documented the resident scored 3 (0-7 indicates severe impairment) on a BIMS and required limited one-person assistance with activities of daily living self-performance skills. a. The Care Plan dated 5/23/2020 documented, .I am at risk for signs / symptoms of COVID-19 . I will not exhibit s/s (signs / symptoms) of COVID-19 through next care review . Document and report if I have any signs and symptoms of fever, coughing, sneezing, sore throat, respiratory issues, and notify MD (Medical Doctor) / Practitioner . Encourage me to wash hands frequently . Follow Facility Protocol for COVID-19 Screening / Precautions . If s/s present, notify MD then proceed . b. On 6/1/2020 at 1:25 p.m., the resident was sitting on the sofa near the Nurse's Station with 2 other residents. There was no distance between the residents and only 1 resident had a mask on. 4. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 3/25/20 documented the resident scored 3 (0-7 indicates severe impairment) on a BIMS and required limited to extensive one-person assistance with activities of daily living. a. The Plan of Care dated 3/16/2020 documented, .I am at risk for signs / symptoms of COVID . I will not exhibit s/s of COVID-19 through next care review . Document and report if I have any signs and symptoms of fever, coughing, sneezing, sore throat, respiratory issues and notify MD / Practitioner . Encourage me to wash hands frequently . Follow Facility Protocol for COVID-19 Screening / Precautions, if s/s present, notify MD then proceed to Contact Precautions . Please educate the staff providing my care, along with myself, my family and visitors of COVID-19 signs and symptoms and precautions . I have been educated to keep my social distance, 6 feet, and to wash my hands for 20 seconds . Staff educated to help me keep social distance 6 feet and to wash my hands for 20 seconds . b. On 6/1/2020 at 1:25 p.m., the resident was sitting on the sofa near the Nurse's Station with 2 other residents. There was no distance between the residents and only 1 resident had a mask on. Resident #1 and Resident #2 were less than 2 feet apart, with no mask on. 5. Resident #3 had [DIAGNOSES REDACTED]. The Annual MDS with an ARD of 3/20/20 documented the resident scored 3 (0-7 indicates severe impairment) on a BIMS and required extensive one-person assistance with activities of daily living self-performance skills. a. The Plan of Care dated 3/29/2020 documented, .I am at risk for signs / symptoms of COVID-19 . I will not exhibit s/s of COVID-19 through the next care review . Document and report if I have any signs and symptoms of fever, coughing, sneezing, sore throat, respiratory issues and notify MD / Practitioner . Encourage me to wash hands frequently . Follow Facility Protocol for COVID-19 Screening / Precautions . If s/s present, notify MD then proceed to Contact Precautions . Please educate the staff providing my care, my family and visitors of COVID-19 signs and symptoms and precautions . Staff educated to help me keep social distance 6 feet and to wash my hands for 20 seconds . b. On 6/1/2020 at 12:18 p.m., the resident was sitting on the sofa near the Nurse's Station earlier with no mask on but was now sitting in the wheelchair in the doorway of the Family Dining Room. Staff worker #1, who had on a mask, went over to the resident and hugged him. The resident did not have a mask on. 6. Resident #5 had [DIAGNOSES REDACTED]. The 5-Day MDS with an ARD of 3/12/20 documented the resident scored 15 (13-15 indicates cognitively intact) on a BIMS and required extensive to total assistance for activities of daily living self-performance skills with 1 to 2-person physical assistance. a. The Plan of Care dated 3/20/2020 documented, .Does the resident exhibit any of the following potential S/S of COVID . Fever, Headache, Cough, Chest Pain, Muscle aches, N/V/D, Shortness of Breath, Runny Nose, Sore Throat, Change in mental status / confusion, or has a change in condition . Document every 8 hours . b. A physician's orders [REDACTED]. Does the resident exhibit any of the following potential S/S of COVID . Fever, Headache, Cough, Chest Pain, Muscle aches, N/V/D, Shortness of Breath, Runny Nose, Sore Throat, Change in mental status / confusion, or has a change in condition . Document every 8 hours . c. On 6/1/2020 at 12:20 p.m., the resident was being propelled by staff to the Dining Room for an activity. The resident's mask was not covering her mouth and nose. Staff did not encourage the resident to place the mask appropriately. 7. On 6/1/2020 at 1:40 p.m., Certified Nursing Assistant (CNA) #1 was asked, Are the residents supposed to be wearing masks? She stated, Yes, they are. 8. On 6/1/2020 at 2:40 p.m., Licensed Practical Nurse (LPN) #1 was asked, Are the residents supposed to be wearing masks? She stated, Everyone have to wear a mask. 9. On 6/1/2020 at 2:45 p.m., the Assistant Director of Nursing was asked, Are the residents supposed to be wearing masks? She stated, We all have to wear masks. 10. On 6/1/2020 at 5:20 p.m., the Administrator was asked if visitors were coming to</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>visit with residents outside? She stated, We allowed a family to come to visit a family member who was ill. Of course, if you do it for one, the others expect it. We have a staff member out with them, and they are to wear masks. We started this last week. We have only had a few to visit.</p>		