

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045431</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE VILLAGE AT VALLEY RANCH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6411 VALLEY RANCH DRIVE LITTLE ROCK, AR 72223</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 ensure staff consistently implemented proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask to cover the nose and mouth. This failed practice had the potential to affect all 83 residents who resided in the facility, according to the Daily Census List provided by the Administrator on 8/6/2020 at 8:00 a.m. The findings are: a. On 8/5/2020 at 11:45 a.m., Activity Director #1 was walking from the end of the 300 Hall to the Activity Director's office. She was not wearing a mask. b. On 8/6/2020 at 8:30 a.m., CNA #2 was in a resident's room on the 400 Hall assisting a resident with breakfast. CNA #2's mask was pulled down over her mouth with her nose exposed. When she noticed the Surveyor, she pulled the mask up over her nose. CNA #2 was asked, Have you had in-services about the use of masks? She stated, Yes. She was asked, Is it appropriate to wear a mask pulled down and your nose exposed? She stated, No. c. On 8/6/2020 at 9:00 a.m., Dietary Employee #2 was serving breakfast on the serving line with his mask pulled down over his mouth, with his nose exposed. When he noticed the Surveyor, he pulled the mask up over his nose. d. On 8/6/2020 at 9:10 a.m., the Dietary Manager was asked, Have you had in-services about the use of masks? She stated, Yes. She was asked, Is it appropriate to wear a mask pulled down and your nose exposed? She stated, No. e. On 8/6/2020 at 12:00 p.m., Activity Director #1 was asked, Have you had in-services about wearing a mask? She stated, Yes. She was asked, Would it be appropriate to wear a mask pulled down with the nose exposed? She stated, No ma'am. She was asked, Would it be appropriate to walk down a hallway with no mask on? She stated, No ma'am. f. On 8/6/2020 at 12:30 p.m., Dietary Employee #3 was serving lunch on the serving line with her mask pulled down over her mouth with her nose exposed. g. On 8/6/2020 at 12:31 p.m., Dietary Employee #2 was asked, Have you had training on COVID-19? He stated, Yes Ma'am. He was asked, Have you received training about wearing masks? He stated, Yes. h. On 08/06/2020 at approximately 11:00 a.m., an In-Service training packet dated 3/13/2020 with staff signatures was reviewed from the facility COVID Binder. A letter with the salutation, .To Our Valued Employees . documented, .The (Facility) is following the recommendations of the CDC (Centers for Disease Control and Prevention) . We are staying up to date with the CDC recommendations as they may continue to change . Also noted in the In-Service training packet was a CDC handout titled, Sequence for Putting on Personal Protective Equipment (PPE) which documented, .2. Mask or Respirator . Fit flexible band to nose bridge . Fit snug to face and below chin . i. On 8/7/2020 at 9:30 a.m., a Hand Sanitizer station was in the Front Foyer with signage that documented, .All staff must wear a surgical mask at all times. No exceptions. If found without a mask you will be sent home . (The Surveyor took a photograph of the sign at this time.) j. A Centers for Medicare and Medicaid Services (CMS) Memo dated 4/2/2020 titled, COVID-19 Long Term Care Facility Guidance documented, . 4. Long-Term Care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE . For the duration of the State of Emergency in their State, all Long-Term Care facility personnel should wear a facemask while they are in the facility . k. An Arkansas Department of Health Guidance to Reducing Spread on Covid-19 in Long-Term Care Facilities dated 08/04/2020 documented, . 3. All staff should wear masks (surgical) while in the building . l. Facility forms titled Personal Protective Equipment (PPE) Competency Validation provided by the Administrator on 8/7/2020 at 8:50 a.m., contained the names of CNA #2, Dietary Employee #2, Dietary Employee #3, and Activity Director #1. The Competency Validation forms indicated the Evaluator deemed the staff members were competent in the skill of Donning and Doffing PPE. m. On 8/7/2020 at 9:25 a.m., the Director of Nursing was asked, What is the correct way to wear a mask? She stated, Over the nose and mouth. She was asked, Would it be appropriate to wear a mask pulled down with the nose exposed? She stated, No. She was asked, Would it be appropriate to walk down the hall without a mask on? She stated, No. She was asked, What could happen if masks were worn incorrectly or not worn at all? She stated, Exposure to COVID-19 for sure, residents and staff at risk.</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.