

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER STONEGATE VILLA HEALTH AND REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP 118 JERRY SELBY DRIVE CROSSETT, AR 71635	
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 - Many	<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 facial masks covered the nose when worn by staff; proper isolation precaution signage was posted on residents' door; and failed to ensure staff donned proper Personal Protective Equipment (PPE) for entering resident's rooms who are on quarantine for proper infection prevention and control practices to prevent the development and transmission communicable diseases and infections. These failed practices had the potential to affect all 61 residents who resided in the facility, as documented on the Resident Census and Conditions of Residents form provided by the Administrator on 8/10/2020. The findings are: 1. A Facility Inservice Education dated 4/6/2020 documented, . Mask should be worn by staff while at work and/or in the facility. Staff who are non-direct care can use the homemade mask) cloth. Mask Should not be worn below the Chin/face When you are wearing a mask as long as you are in the facility the mask must be worn appropriately to cover mouth and nose . The Infection Prevention and Control Program documented, . 11. Resident/Family/Visitor Education: . c. Isolation signs are used to alert staff, family members, and visitors of isolation precautions . 2. The CDC (Center for Disease and Control) Transmission-Based Precautions documented, (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2): Determine if appropriate Transmission-Based Precautions are implemented: For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment; For a resident on Droplet Precautions: staff don a facemask within six feet of a resident; For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident; For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected [DIAGNOSES REDACTED] g., [MEDICAL CONDITION]); For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability). Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol- generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur: Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown. The number of staff present during the procedure should be limited to only those essential for resident care and procedure support . 4. A(NAME)Gate Contingency Plan documented, . designated hall: 200 hall will be utilized as the designated hall for any residents requiring quarantine or isolation. . Quarantine rooms 201 , 202, 203, 204, 205, and 207 will be utilized for 14 day quarantine following hospital stay , admission from another healthcare facility or home . Isolation Rooms 206, 208, 210, and 212 will be utilized for residents having tested for positive for Covid-19 . 5. On 8/10/2020 at 10:50 a.m., Licensed Practical Nurse (LPN) #1 and LPN #2 were searching in a medication cart. LPN #1 had on an orange cloth face mask. The orange face mask was underneath her nose. LPN #1 was asked what type of mask she was wearing. She stated, I got a surgical mask on the inside pocket. She then pulled her orange mask down underneath her chin, removed a white surgical mask from a sleeve inside the orange facemask. She then re-applied the orange facemask and sat down in a chair in the hallway. LPN #1 was asked have you received training on Covid-19? She stated, Yes. In-services . While talking to this surveyor the orange mask continued to fall and remain beneath her nose, causing LPN #1 to pull the mask above her nose. LPN #1 made several adjustments to the orange face mask. She was asked should your face mask be covered over your nose. While adjusting her face mask, she stated, It should be clamped over my nose. 6. On 8/10/2020 at 11:05 a.m., had a multicolored cloth facemask, resting underneath her nose. She was asked should your mask cover your nose. While adjusting her face mask to cover her nose, she stated, Yes, ma'am. 7. Resident #5 had [DIAGNOSES REDACTED]. The resident was admitted to the facility on [DATE]. a. The Care Plan dated 8/7/2020 did not include Covid-19/ quarantine interventions. b. A physician's orders [REDACTED]. c. On 8/10/2020 at 8:10 a.m., there was a Personal Protective Equipment (PPE) caddy outside of the resident room door. There was a sign posted on the resident door that documented N95, Shield, Gown, Gloves must be Worn. The sign did not include the type of transmission Precautions. CNA # 1 was in the resident room. CNA #1 was standing over him and preparing him for transport. CNA #1 was not wearing a face shield or gloves. CNA #1 and the resident exited the room. The resident had a face mask on. CNA#1 had on a N95 mask and gown. CNA #1 did not have face shield or gloves on. She propelled the resident to the spa room on 200 hall without proper PPE on. CNA #1 was asked to explain the proper PPE to be worn while caring for the resident. She stated, We should wear gloves, face shields, gowns, and a N95. She was asked, Do you have a face shield on or gloves? She stated, No, ma'am. She was asked, Why are you not wearing a face shield or gloves? She stated, This morning I told RN (Registered Nurse) #1 that the face shield didn't fit me. She was asked, Why are you not wearing gloves. She did not reply. She just held head down. She was asked if proper PPE be worn when caring for a resident on quarantine and transmission-based precautions and she stated, Yes. She continued to propel the resident into the spa room on 200 hall without a face shield or gloves on. d. Resident Rooms 202, 204,205, 206, 207, 208, and 210 had a PPE caddy sitting outside of the doors. There was a sign posted on each resident's door that documented, N95, Shield, Gown, Gloves must be Worn. The sign did not include the type of transmission-based Precaution. e. On 8/10/2020 at 11:20 a.m., the Director of Nursing (DON) was asked why transmission-based routes are not posted outside of doors for quarantine residents? She stated, That's not our policy. She was asked what PPE gear should staff wear, when caring for quarantine residents. She stated, N95, Face Shield, Gown and gloves. f. On 8/10/2020 at 11:30 a.m., RN #1 was asked if CNA #1 reported that the face shield in the resident did not fit her. RN#1 stated, Yes. I just adjusted the face shield about 10 minutes ago and hung it on the back of his door. g. On 8/13/2020 at 11:30 a.m., the Director of Nursing was asked what type of precautions were newly admitted residents placed on. She stated, They are placed on quarantine. She was asked what type of transmission-based precautions are they placed on. The DON stated, Droplet and airborne. She was asked, Should N95 face mask, face shield, gown, and gloves be worn when caring for a resident on airborne and droplet precautions? The DON stated, Yes, ma'am. The DON was asked should staff wear face mask covering over their nose? The DON stated, Yes' ma'am.</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.