

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER SOMERSET SENIOR LIVING AT MCGEHEE		STREET ADDRESS, CITY, STATE, ZIP 700 MARK DRIVE MCGEHEE, AR 71654	
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 record review and interview, the facility failed to ensure the Infection Control log had the necessary components for surveillance, tracking and trending to assure continuity of care and reduce further potential infections for 5 (Residents #1, #2, #3, #4 and #5) of 5 residents who had completed or was currently prescribed an antibiotic as on May 11, 2020. This failed practice had the potential to affect all 40 residents according to the Resident Listing Report provided by the Administrator on 5/14/20. The findings are: 1. On 5/11/2020 at 2:30 p.m., this surveyor reviewed the facility's Infection Control Log for April 2020 and May 2020 and noted there was no information behind the May 2020 tab. At 2:33 p.m., another surveyor asked the Infection Control Preventionist (ICP) where the information was located for the month of May. The ICP had a stack of papers in her hands and she stated, I have them right here in my office, but I hadn't documented it yet. 2. Resident #1 had a [DIAGNOSES REDACTED]. A Physician order [REDACTED]. two times a day for infection . for 10 days . Order Date 04/27/2020 . 3. Resident #2 had a [DIAGNOSES REDACTED]. A Physician order [REDACTED]. two times a day . 10 days . Order Date 04/29/2020 . 4. Resident #3 had a [DIAGNOSES REDACTED]. A Physician order [REDACTED]. two times a day for .10 days . Order Date 05/04/2020 . 5. Resident #4 had a [DIAGNOSES REDACTED]. A Physician order [REDACTED]. two times a day for abnormal UA (urinalysis) until 05/15/2020 . Order Date 05/05/2020 . 6. Resident #5 had a [DIAGNOSES REDACTED]. A Physician order [REDACTED]. two times a day for UTI until 5/20/2020 . Order Date 05/10/2020 . 7. On 5/13/20 at 10:55 a.m., the ICP was asked, Are you the designated Infection Control Preventionist? She stated, Yes ma'am. She was asked, Have you had any training regarding Infection Control (IC)? She stated, Yes ma'am. I did the Infection Control Preventionist course through CDC (Centers for Disease Control). She was asked, Are you certified? She stated, Yes, I think I do have that where I done all my modules. She was asked, How long have you been the ICP at this facility? She stated, Since October 9th, 2019. She was asked, When you do update the IC book? She stated, It should be done yearly. She was asked, When do you update the IC log? She stated, I try to as soon I get the information. She was asked, Do you have any residents who are being treated for [REDACTED]? She stated, Yes. She was asked, Can you tell me why the log was not updated to reflect those residents for May of this year? She stated, No. I can't tell you why. I was gonna do it. She was asked, Why is it important to update your IC log? She stated, That way you track and trend to make sure the residents are getting the right antibiotic. 8. On 5/13/20 at 4:25 p.m., the Director of Nursing was asked, Who is responsible for placing residents' clinical information related to antibiotic therapy and other components, such as the type of organism, in the Infection Control log? She stated, That's the infection control nurse. She was asked, When should this information be placed in the IC log? She stated, I would say daily because if it happens, a lot of times we talk about it in morning meetings. I believe PCC (Point Click Care) triggers it on the dash-board when someone is on antibiotics. She was asked, Why is it important to update the IC log? She stated, I would say because of communication so we can all know what the residents need and require and so every nurse can know what's going on with the resident. Also, so we can find out the different trends to keep down the infections. She was asked, Who monitors this to ensure that it is being done? She stated, I guess that should be me. 9. An Infection Control Policy, provided by the Administrator on 5/12/20 at 10:46 a.m. documented, . Policy: The infection control policy is designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The program will further include a system for preventing, identifying and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon the facility assessment and following accepted national standards. Surveillance will be monitored by designated infection control nurse under the guidance of the Infection Control Committee. 10. An Antibiotic Stewardship Policy, provided by the Administrator on 5/12/20 at 10:46 a.m. documented, . Policy: It is the policy of this facility to follow an Antibiotic Stewardship program . Procedure/Protocol: .2. The facility will track antibiotic use .</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.