

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER THE GREEN HOUSE COTTAGES OF BELLE MEADE		STREET ADDRESS, CITY, STATE, ZIP 2200 CHATEAU BOULEVARD PARAGOULD, AR 72450	
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** Complaint # (AR 521) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure proper infection prevention and control practices were implemented by wearing a face mask which covered the nose and mouth in 2 (#3 Smalling and #4 Campbell) of 11 (#1 Busby, #2 Jackson, #2 Smalling, #4 Campbell, #5 Mitchell, #6 Hyde #7 White, #8 Dalton, #9 Tuberville, #10 Bell, and #11 Vassar) Cottages, to prevent the development and transmission of COVID-19 and other communicable disease and infections; and the facility failed to ensure isolation linens were stored and contained appropriately in 1 (#3 Smalling) of 11 Cottages, to prevent the potential cross-contamination and spread of disease and infection. These failed practices had the potential to affect 120 residents who resided at the facility, according to the Census List provided by the Administrator on 6/16/2020. The findings are: a. On 6/16/2020 at 11:03 a.m., the Survey Team was greeted outside by the Social Worker who was not wearing a facial mask. The Social Worker checked the Surveyors' temperatures and asked COVID-19 screening questions. The Social Worker entered the facility office with no face mask on. She went to her office and sat down at the computer. Another staff member was in the Social Worker's office and was wearing a face mask. b. On 6/16/2020 at 11:08 a.m., the Administrator was asked, Are staff supposed to be wearing a face mask? The Administrator stated, Yes, if they are in a Cottage. c. On 6/16/2020 at 11:48 a.m., Certified Nursing Assistant (CNA) #1 was sitting at the Dining Room table in Cottage #3 (Smalling), with the face mask pulled down under the chin, and not covering the nose or mouth. CNA #1 arose from the dining table and walked approximately 30 feet from the dining table to room [ROOM NUMBER] with no face mask covering her nose or mouth. d. On 6/16/2020 at 11:49 a.m., CNA #1 was asked, Should staff wear masks while in the Cottages? CNA #1 stated, Yes. CNA #1 was asked, Do you think it was appropriate to not cover your nose or mouth with a face mask when you walked across the hall before entering room [ROOM NUMBER]. CNA #1 stated, No. e. On 6/16/2020 at 12:06 p.m., a yellow biohazard bag filled with contaminated isolation linens was on the floor in room [ROOM NUMBER] near the doorway of the room in Cottage #3 (Smalling). (The Surveyor took a photograph of the bag of linens at this time.) f. On 6/16/2020 at 12:07 p.m., CNA #2 was asked, Can you tell me what is in the yellow bag on the floor? CNA #2 stated, That is isolation linens. I'm fixing to take it to the laundry. CNA #2 was asked, Should isolation linens / bags be on the floor? CNA #2 stated, Nothing should be on the floor. g. On 6/16/2020 at 3:28 p.m., CNA #3 was asked, Are isolation linen bags supposed to be placed on the floor? CNA #3 stated, No. CNA #3 was asked, Would that be considered an infection control issue? CNA #3 stated, Yes. CNA #3 was asked, When should staff wear a mask? CNA #3 stated, Right now we wear a mask at all times. The whole campus is supposed to wear a mask. We go by the CDC (Centers for Disease Prevention and Control) Guidelines. h. On 6/16/2020 at 3:49 p.m., Receptionist #1 had a mask on which was not covering her nose. i. On 6/16/2020 at 3:50 p.m., Marketing Director #1 was asked, Should isolation linens be on the floor? Marketing Director #1 stated, No. Marketing Director #1 was asked, Would that be considered an infection control issue? Marketing Director #1 stated, Yes. Marketing Director #1 was asked, Should staff be wearing face masks? Marketing Director #1 stated, We are supposed to wear a face mask anytime we are in the Cottage. j. On 6/16/2020 at 4:02 p.m., Licensed Practical Nurse (LPN) #1 was asked, Should bagged isolation linens be left on the elders' floor? LPN #1 stated, No. LPN #1 was asked, Would that be considered an infection control issue? LPN #1 stated, Yes. LPN #1 was asked, Should staff be wearing face masks? LPN #1 stated, Yes, at all times. k. A facility in-service titled COVID-19 dated 4/3/2020 and provided by the Director of Nursing on 6/16/2020 documented, .Update . Masks are to be worn at all times when in the Cottages . l. A document from the Centers for Medicare and Medicaid Services (CMS) titled COVID-19 Long Term Care Guidance dated April 2, 2020 documented, .For the duration of the State of Emergency in their State, all long-term care facility personnel should wear a face mask while they are in the facility .</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.