

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DERMOTT CITY NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>702 WEST GAINES ST DERMOTT, AR 71638</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 0679  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Some	<p><b>Provide activities to meet all resident's needs.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure activities were provided to meet the needs and interests of the residents to promote social well-being for 3 (Residents #1, 2 and 3) of 5 sampled residents who resided on the 100 Hall. The failed practice had the potential to affect 25 residents who resided on the 100 Hall, as documented on a Room Bed List, provided by the Director of Nursing on 7/22/2020 at 3:44 p.m. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. An Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/13/2020 documented the resident scored 12 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS); it was very important that he listen to music he liked, important to keep up with the news; and important to go outside when the weather was good. a. A Care Plan dated 6/11/2020 documented, . Problem . (Resident #1) is at risk for altered activity patterns r/t (related to) [MEDICAL CONDITION] . Approaches . Provide 1:1 (one-on-one) visits d/t (due to) COVID-19 restrictions . Consider impact of medical problems on activity level . b. On 7/20/2020 at 2:17 p.m., Resident #1 was sitting in a wheelchair, awake, in the 100 Hallway by a resident room. He was asked, How long have you been at this facility? He stated, I've been here a while. He was asked, Since the concerns with COVID-19, has anyone been doing activities with you all? He stated, No. c. On 7/23/2020 at 1:55 p.m., the Activities Director was asked, Has group activities been cancelled at this facility? She stated, We don't do group. She was asked, For the residents on the 100 Hall, are you doing any activities with them? She stated, Yes. So, I do one-on-one in their rooms. If they are independent, I give them independent choices from what is on my cart every time I go down there. If they have their TVs (televisions) turned on, I record that as an activity. She was asked, When do you do the one-on-one activities with them? She stated, Well I do it 3 to 4 times a week, but I don't do it every day because sometimes I have to go out to the store and I buy cigarettes and other things that they want me to get for them, so I'd say every other day. Sometimes I take them out to smoke, or I give them ice cream or popcorn. She was asked, When are activities scheduled for the residents? She stated, Well I don't do it every day because I have other things that I do. She was asked, For the days that you do not do activities, who does it? She stated, The CNAs (Certified Nursing Assistants). She was asked, Is this documented? She stated, I have a form. It's a sheet that I fill out. She was asked, Do the other staff members document when the activities are done? She stated, No ma'am. d. On 7/23/2020 at 1:55 p.m., the Activities Director was asked to provide documented activities for the resident from 7/1/2020 through 7/17/2020. The forms provided had Resident #1's name on them, but there were no dates listed on the documentation provided to indicate activities were provided. 2. Resident #2 had [DIAGNOSES REDACTED]. An Annual MDS with an ARD of 5/4/2020 documented the resident scored 14 (13-15 indicates cognitively intact) on a BIMS; it was very important for him to listen to music he liked, be around animals such as pets, do favorite activities, and go outside and get fresh air when the weather was good. a. A Care Plan with a revised date of 5/7/2020 documented, . Problem . (Resident 2) is at risk for altered activity patterns r/t (related to) Dementia . Approaches . Offer variety of activity types and locations . (Resident 1) likes to smoke, watch TV (television), adult movies / magazines, collecting cans as a hobby, likes to play his radio . b. On 7/20/2020 at 2:19 p.m., Resident #2 was sitting in a wheelchair in the hallway by the doorway of a resident room. He was asked, Does anyone do activities with you since the concerns with COVID-19? He stated, We used to do exercises. He was asked, Where did you used to do them? He stated, We used to go through the doors and there's a room that we used to go to. He was asked, Does anyone offer you books, such as magazines or puzzles? He stated, Sometimes. c. On 7/23/2020 at 1:55 p.m., the Activities Director was asked to provide documentation for activities for the resident from 7/1/2020 through 7/17/2020. The forms provided had Resident #2's name on them, but there were no dates listed to indicate activities on the documentation provided. 3. Resident #3 had a [DIAGNOSES REDACTED]. An Admission MDS with an ARD of 6/8/2020 documented the resident scored 13 (13-15 indicates cognitively intact) on a BIMS; it was very important for him to listen to music he liked, do favorite activities, and go outside and get fresh air when the weather was good. a. A Care Plan with a revised date of 6/11/2020 documented, . Problem . (Resident 3) is at risk for altered activity patterns r/t (related to) bilat. (bilateral) [MEDICAL CONDITION], DM (Diabetes Mellitus) . Approaches . Provide activities that are not mentally strenuous for (Resident 3) . Offer (Resident 3) a variety of activity types and locations . Provide 1:1 (one-on-one) visits prn (as needed) d/t (due to) COVID-19 . b. On 7/20/2020 at 2:20 p.m., Resident #3 was sitting in his wheelchair, awake, in the doorway of his room. He was asked, How long have you been a resident here? He stated, I've been here about 8 weeks. He was asked, Has any of the staff members offered any activities since the concerns with COVID-19? He stated, Every now and then we would do dominos. He was asked, Where did you all do this at? He stated, There's a room through the double doors that we used to go to. He was asked, Since you are not allowed through the doors, has there been any activities back here? He stated, No. c. On 7/23/2020 at 1:55 p.m., the Activities Director was asked to provide documentation for activities for this resident from 7/1/2020 through 7/17/2020. The forms provided had Resident #3's name on them, but there were no dates listed to indicate activities on the documentation provided.</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure staff members wore a face mask and that it covered the nose and mouth, to decrease the potential spread of respiratory particles and infection in 1 of 1 facility that had positive cases of COVID-19, and failed to ensure the Infection Control Log contained the necessary components, such as tracking and trending of residents who were prescribed Antibiotic Therapy from July 1, 2020 to July 17, 2020. These failed practices had the potential to affect 25 residents who resided on the 100 Hall, as documented on a Room Bed List provided by the Director of Nursing (DON) on 7/22/2020 at 3:44 p.m., and 16 residents who had Physician orders [REDACTED]. On 7/20/20 at 11:23 a.m., this surveyor was standing in front of the Nurse's Station and noticed a female employee (Housekeeping Supervisor) who was wearing scrubs walk by the desk. The Housekeeping Supervisor was not wearing a face mask. The employee greeted this surveyor with a 'good morning' and walked to a hall and went through a set of double doors. This surveyor walked up to the double doors and looked through a clear glass pane on the right door. The Dining Room was on the other side of the double doors. The employee was leaning on a metal counter to the right of the front of the Dining area, and her face was toward the opening into the kitchen. She did not have a mask on. The employee returned through the double doors with a white food carton in her hand and approached the Nurse's Station. She was asked, Excuse me, may I ask what your name is? She stated, (Housekeeping Supervisor). She was asked, (Housekeeping Supervisor), what do you do here? She stated, I'm the Laundry and Housekeeping Supervisor. She was asked, Do you have any other housekeepers working today? She stated, Yes. I have one on the 500 Hall and one on the other hall (100 Hall). She was asked, Are you taking a lunch break? She stated, Yes ma'am. She proceeded down the hall past the Minimum Data Set (MDS) Coordinator's office and entered a room at the end of the hallway. The Housekeeping Supervisor did not have a mask on. 2. On 7/20/2020 at 11:30 a.m., Certified Nursing Assistant (CNA) #5 was walking out of a resident's room on the 100 Hall. As the Surveyor approached her, CNA #5 was wearing an N95 mask, but it only covered her mouth and not her nose the entire time the Surveyor was talking with her. Four</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DERMOTT CITY NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>702 WEST GAINES ST DERMOTT, AR 71638</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)		
<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>male residents were sitting in wheelchairs at the end of the hallway in front of the doorway to resident rooms. 3. On 7/20/2020 at 12:46 p.m., CNA #5 was pushing a cart with white, Styrofoam food containers to the 100 Hall. CNA #5 was wearing an N95 mask, but it only covered her mouth and not her nose. This surveyor entered the 100 Hall and CNA #5 was assisting another CNA pass the food containers to the residents; and her mask only covered her mouth, and not her nose. 4. A facility policy titled Coronavirus Disease (COVID-19) -Infection Prevention and Control Measures provided by the Director of Nursing (DON) on 7/20/2020 at 11:55 a.m. documented, .Policy Statement . This facility follows recommended standard and transmission-based precautions, environmental cleaning and social distancing practices to prevent the transmission of COVID-19 within the facility . 3. To address asymptomatic and pre-symptomatic transmission, universal source control is being implemented . a. Anyone entering the facility is required to have a cloth face covering regardless of symptoms . (2) . Staff should wear a facemask at all times when in the facility . (page 84) Personal Protective Equipment . Contingency and Crisis Use of Facemasks (COVID-19 Outbreak) . (page 86) General Procedure for Donning or Doffing Masks . 1. To put on mask . b. Be sure that the face mask covers the nose and mouth while wearing .</p> <p>5. On 7/23/2020 at 3:44 p.m., the facility Infection Control Log for the month of June 2020 was provided by the DON (Director of Nursing). A list provided by the DON documented there were several residents who had been prescribed Antibiotics in the month of July 2020. The facility Infection Control Log did not contain the necessary components, such as tracking and trending of residents who were prescribed Antibiotic Therapy from July 1, 2020 to July 17, 2020. The DON was asked who the Infection Preventionist was. She stated, The ADON (Assistant Director of Nursing), but he is off. She was asked if he had started the July 2020 Infection Control Log? She stated, I will call him and see. The DON stated, He said that he had started one for July (2020). The July 2020 Infection Log contained no documentation for the 16 non-sampled residents who had been placed on Antibiotic Therapy for the month of July 2020. 6. The facility policy titled Surveillance for Infections provided by the Director of Nursing on 7/23/2020 at 3:45 p.m. documented, .The Preventionist will conduct ongoing surveillance for Healthcare Associated Infections (HAIs) and epidemiological significant infections that have substantial impact on potential outcome and that require transmission-based precautions and other preventative interventions . The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiological significant organisms and Healthcare Associated Infections, to guide appropriate interventions, and to prevent future infections .</p>		