

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER SOMERSET SENIOR LIVING AT MOUNT VISTA		STREET ADDRESS, CITY, STATE, ZIP 202 TIMS AVENUE HARRISON, AR 72601	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Based on observation, record review and interview, the facility failed to ensure residents were wearing face masks while out of their room or at least six feet apart while dining in the main dining room, roommates of positive COVID-19 residents were immediately quarantined, and all residents were thoroughly assessed at least every shift for COVID-19 signs and symptoms. These failed practices had the potential to affect all 75 residents residing in the facility per a list provided by the Business Office Manager on 8/31/2020 at 11:30 AM. The findings are: 1. On 08/31/2020 at 11:06 am, there were 4 residents were in the dining room participating in activities. The residents were not wearing masks and were not at least 6 feet apart. 2. On 08/31/2020 at 11:09 am, there were 5 residents in the common area. The residents were not wearing masks and were not at least 6 feet apart. 3. On 08/31/2020 at 12:20 PM, there were 19 residents in the dining room, no face coverings were applied to any resident. The DON was asked how far apart 2 residents were sitting. The DON stated, 6 feet. The DON was asked how many feet the table was and the DON stated, 4 feet square but resident to resident is 6 feet. The DON and Administrator were asked to measure the distance between the 2 residents. The distance measured 5 feet 6 inches. 4. On 08/31/2020 at 12:40 PM, the Infection Control Preventionist, (ICP) was asked if she saw anything wrong with the dining room and she stated, Yes there are too many people in here and they are not far enough apart. 5. On 08/31/2020 at 3:15 PM, the Administrator was asked where the Covid 19 assessments were located in the medical record and the Administrator stated, They are done twice a day. The temperatures are located in the vital sign section of the chart and the assessment is in the nurse's notes. The Administrator was asked what residents were being assessed for Covid 19 and the Administrator stated, Probably all of them but I am not sure. 6. On 09/01/2020 at 9:30 am, Registered Nurse (RN #2) performed a Covid assessment on a resident. RN #2 placed the stethoscope on the resident's back and listened in all 4 lobes. RN #2 then placed the stethoscope on the resident's chest and continued to listen in 6 different areas. The RN then thanked the resident and walked away. RN #2 was asked if she was all done and the RN stated, Yes. The RN was asked if other symptoms like, cough, fatigue, loss of taste or smell, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea were assessed and RN #2 stated, Oh yea, that is not documented. 7. On 9/01/2020 at 10:00 am, LPN #2 performed a Covid assessment on Resident #3 who tested positive for COVID19 on 8/31/20. LPN #2 placed the stethoscope on his chest and listened on 3 different areas and then placed the stethoscope on the resident's back and listened in 4 different areas. She then asked him if he had been having a cough or had been having difficulty breathing. He didn't answer. She then asked him if he needed anything before she left as she laid her stethoscope on top of his over bed table and he said, No. After she discarded her used PPE she was asked what all she assessed him for. She said, I checked upper respiratory assessment. I listened to his heart as well. What you saw me do was my COVID assessment. I listened to his lungs because that's a big part of COVID is respiratory issues. She was asked if anyone else does any type of COVID assessments. She stated, The aide gets an initial set of vital signs; Blood pressure, pulse rate, respiratory rate, O2 (oxygen) SATs (saturation) and temperature. They go back and check if something is off from their norms. She was asked if either one of them does any further assessment during their shift. She said, No, that is it. 8. On 09/01/2020 at 10:40 am, the Director of Nursing (DON) was asked where in the chart was the documentation located that identified assessment of the resident and documentation of signs and symptom of an illness and the DON stated, my Nurses are not documenting all the symptoms but if a change occurs then a Change of Condition assessment is completed. The DON was asked to locate Resident #1's documentation or Change of Condition assessment. The DON stated, I can't find where it was done. 9. On 09/01/2020 at 10:45 am, a review of medical record for assessments for Resident #1, #2, #3, #4, and #5 for signs of symptoms of Covid 19 was conducted. Temperature checks and lung sounds were documented in the record every shift. There was no documentation in the clinical record of the following signs of Covid 19: Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. 10. On 09/01/2020 at 11:00 am, the DON was asked where the documentation was located for Resident #1 assessing the following signs and symptoms of Covid 19: Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea? The DON stated, I think they are doing it, it's just not getting documented. The DON was unable to find requested documentation. 11. On 09/01/2020 at 2:50 PM, the DON was asked if any of the four positive residents had roommates. She said, Yes, two of them did. She was asked if the residents' roommates were quarantined due to close contact with positive COVID residents. She said, No. She was asked why they weren't quarantined. She said, Because their beds were 6 ft. apart and I thought the ADH (Arkansas Department of Health) guidelines said to be exposed they had to be in close contact (less than 6 ft.) for more than 15 min. but I'll quarantine Resident #3's and the other resident's roommate right now. 12. On 09/02/2020 at 8:10 am, 6 residents in the common area. The residents were not wearing masks and were not at least 6 feet apart. 13. On 09/02/2020 at 8:45 am, the Director of Nursing was asked why the residents were not wearing a face covering? The DON stated, We try to encourage them, but they won't. All have been given a mask, but they won't wear them. 14. The Policy and Procedure for Screening for COVID-19 Symptoms received by the DON on 9/1/20 at 10:43 AM documented, Policy: To ensure proper screening, with the information provided, regarding Covid-19 (Coronavirus). Protocol/Procedure: 3. Residents will be screened per Department of Health guidance with the same information and will be documented in EHR (Electronic Health Record): Temperature will be obtained to ensure no fever to exceed 100.4 degrees within the last 14 days Cough/Shortness of Breath/Sore Throat Pneumonia/Flu-recent New Loss of taste/smell Vomiting/Diarrhea Chills Muscle pain/Headache If you have had contact with anyone who has lab confirmed Novel Coronavirus within 14 days of symptom on set 4. The following symptoms may appear 2-14 days after exposure: Fever Cough/Sore throat Shortness of breath Loss of taste/smell Vomiting/diarrhea Muscle pain/Headache</p>		
F 0885	<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Based on record review and interview the facility failed to ensure that the Residents and/or their family were notified by 5 PM the next calendar day following the occurrence of a confirmed positive COVID 19 of a staff member; also the facility failed to ensure the Resident and /or family received cumulative weekly updates regarding COVID19 status. These failed practices had the potential to affect 75 Residents residing in the facility per a list provided by the Business Office Manager on 8/31/20 at 11:30 AM. The findings are: 1. On 08/31/2020 at 12:45 pm, the Social Services Director (SSD) was asked the last time the residents and families were updated on the facilities Covid 19 status and the SSD stated, I mailed a letter on July 28, 2020. We also update our Facebook page when something changes. The SSD was asked if all the families had Facebook and the SSD stated, No they do not all have it. The SSD was asked if they provided a weekly update to the residents and families? The SSD stated, No. 2. On 08/31/2020 at 2:30 pm, the DON stated, Last Monday 8/24/2020 at 4:00 pm we found out that one of the Therapist tested positive that had been in here and provided care to some of our residents that day. I contacted the MD (medical doctor) at the Arkansas Department of Health. I was directed to test all staff and residents on Thursday 08/27/2020. We received the results this morning 08/31/2020. We had 1 employee the Director of Rehab come back positive and 4 residents from that testing. The DON was asked if any of the residents that the Therapist worked</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.

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F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	(continued... from page 1) with on the 24th were positive and the DON stated, one Resident tested positive; ()Resident #3. She worked with 4 residents the last day she was here. 3. On 08/31/2020 at 3:00 pm, the Administrator was asked when she was notified of the first employee testing positive for Covid 19 and the Administrator stated, A Therapist came up positive on Monday August 24, 2020. The Administrator was asked if she notified the residents, Family and Staff of a Covid positive employee by 5 pm the following day and the Administrator stated, No, they were not an employee. They are contract. The Administrator was asked when was the last time that notifications or updates were given to the residents and Families on the status of Covid 19 and the Administrator stated, The end of July (2020), we were just getting ready to send out another letter about opening up in October but now this has happened.		