

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER LEGACY HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3310 NORTH 50TH STREET FORT SMITH, AR 72904	
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.</p> <p>Based on observation, record review and interview, the facility failed to ensure staff followed the Centers for Disease Control and Prevention (CDC) guidance to reduce the spread of COVID-19, including the consistent, appropriate use of personal protective equipment (PPE), and failed to ensure used biohazard materials were securely stored. These failed practices had the potential to affect all 89 residents who reside in the facility as documented on a list provided by the Administrator on 6/17/20. The findings are: 1. On 6/17/20 at 11:05 a.m., this surveyor entered the secured Dementia unit at the facility. Upon entrance to the unit Certified Nursing Assistant (CNA) #1 was sitting in a chair down the hallway on the left side of the hall. CNA #1 had a mask on, covering her mouth but had pulled the mask down under her nose. In the room where she was sitting were 8 residents. None of the 8 residents had mask on. CNA #1 was asked, Should your mask be over your nose? She stated, I guess, but I think it's worn out. She was asked, Does the facility have plenty of Personal Protective Equipment? She stated, I guess. She was asked, Can you get a new mask if you need one? She stated, I guess. 2. On 6/17/20 at 11:35 a.m., the Maintenance Director and the surveyor went to a storage unit outside the facility. We walked outside approximately 100 feet from the back door to a particle board building. The building had no biohazard sign on the door. The door was warped and did not close all the way at the top. The door had a wood piece that you turn to keep the door closed. There was a key hanging on a plastic cord beside the door. The surveyor asks, Should this shed be locked? The Maintenance Director picked up the key and stated, Well I guess it use to be. The shed was opened by the Maintenance Director. Inside the shed was boxes stacked two deep wide and four boxes high with red biohazard bags inside the boxes. He was asked, Can any residents get in this area? (Courtyard in the back of the facility with a fence around it) he stated, No only employees. While walking back into the building surveyor noted a raised garden with tomatoes growing. He was asked, Who's growing tomatoes? He replied, Some of the residents are growing them. He was asked, Then residents do come out here? He stated, Yes. 3. On 6/17/20 at 11:45 a.m., Registered Nurse #2 was sitting in her office at her desk with her mask under her nose, only covering her mouth. There were two staff members standing in her doorway, less than three feet away. 4. On 6/17/20 at 12:26 p.m., the Administrator was asked, How do you expect your staff to wear their face mask? He stated, They should be up on the bridge of their nose. He was asked, Should nose be exposed? He stated, No, that doesn't help them at all. He was asked, Should your biohazard shed be locked? He stated, It has a little wood piece that you can turn to keep it shut. He was asked, Is that secure? He stated, I am ordering a new shed today.</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.