

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER LONOKE HEALTH AND REHAB CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1501 LINCOLN STREET LONOKE, AR 72086	
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 implementation of proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask to cover the nose and mouth; and, the facility failed to ensure face shields or goggles were worn on the COVID-19 Unit with positive cases of COVID-19. These failed practices had the potential to affect 51 residents who resided in the facility, according to the Midnight Census Report provided by the Administrator on 10/12/2020. The findings are: 1. On 10/12/2020 at 10:33 a.m., Dietary Employee #3 was in the kitchen standing in front of the stove with a mask on her face but not covering the nose. She was asked, How are face masks to be properly worn? Dietary Employee #3 shook her head side to side. a. On 10/12/2020 at 11:45 a.m., Housekeeper #1 was on the COVID-19 Unit with her face shield pulled up and exposing her face. LPN #1 was asked, Do you have positive cases of COVID-19 on this hall? LPN #1 stated, Yes. All of these residents are positive. LPN #1 was asked, What personal protective equipment (PPE) are you supposed to wear when on the COVID-19 Unit with positive cases? LPN #1 stated, N-95, face shield, gown, and gloves. b. On 10/12/2020 at 11:48 a.m., Housekeeper #1 was asked, Would not wearing a face shield covering your face on the COVID-19 Unit with positive cases be an infection control issue? Housekeeper #1 stated, I guess it would. c. On 10/12/2020 at 12:31 p.m., Dietary Employee #2 was in the kitchen preparing food / trays with a face mask not covering her nose. Dietary Employee #2 was asked, Should staff wear a face mask covering the mouth and nose? Dietary Employee #2 stated, Yes. Dietary Employee #2 was asked, Would not wearing a face mask covering the mouth and nose be considered an infection control issue? Dietary Employee #2 stated, Yes. d. On 10/12/2020 at 12:41 p.m., Dietary Employee #1 was asked, Should staff wear a face mask covering the mouth and nose? Dietary Employee #1 stated, Yes. Dietary Employee #1 was asked, Would not wearing a face mask covering the mouth and nose be considered an infection control issue? Dietary Employee #1 stated, They (employees) have to keep nose and mouth covered at all times. e. On 10/12/2020 at 12:45 p.m., the DON was asked, Should staff wear a face mask while in the facility covering their mouth and nose? The DON stated, Yes. The DON was asked, Would not wearing a face mask while in the facility covering the mouth and nose be considered an infection control issue? The DON stated, Yes. f. On 10/12/2020 at 1:34 p.m., the Administrator was asked, Should staff wear a face mask while in the facility covering their mouth and nose? The Administrator stated, Yes. The Administrator was asked, Would not wearing a face mask while in the facility covering the mouth and nose be considered an infection control issue? The Administrator stated, Yes. g. A document titled ADH Guidance for Reducing Spread of COVID-19 in Long Term Care Facilities from the Arkansas Department of Health (ADH) dated 8/4/2020 documented, The ADH recommends the following actions when a health care worker or resident at a long-term care facility tests positive (regardless of symptoms) for COVID-19. Staff should wear PPE (personal protective equipment) as recommended by the CDC (Centers for Disease Control and Prevention) for COVID-19. which would include a mask (surgical or N-95), eye protection (face shield or goggles), gown, and gloves. h. A document titled COVID-19 Long Term Care Facility Guidance from the CDC dated 4/2/2020 documented, All long-term care facility personnel should wear a facemask 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.