

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER DIERKS HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 402 S ARKANSAS AVENUE DIERKS, AR 71833	
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 residents in the therapy room were wearing masks and/or social distancing to prevent the potential for the spread of communicable diseases for 5 (Residents #1, #2, #3, #4, and #5) of 5 sampled residents. This failed practice had the potential to affect 28 residents who frequented the therapy room with or without scheduled therapy based on lists provided by the Administrator on 6/19/20. The findings are: 1. On 06/18/20 at 2:47 PM, Therapist #1 and Resident #1 were sitting on a workout cot in the Therapy Room. To their right was Resident #5 and beside him was Resident #4. Resident #3 was facing the work out cot and to the left of the work out cot was Resident #2. Resident # 2 wore a mask part of the time, Resident #4 wore a mask and Resident #3 had a mask on that fell below her mouth. Residents #1 and #5 did not have a mask on. Residents #2, #3, #4 and #5 who were in wheelchairs or rolling seated walkers were approximately 3 feet to at least one other resident and to the cot. At no time did the staff direct the residents to pull their mask up, put a mask on or to distance at least 6 feet apart. 2. On 06/18/20 at 3:12 PM, Therapist #2 took Residents #3 and #4 across the hall to the day room via their rolling walkers. Therapist #2 instructed the residents to sit on a love seat, where they sat side by side. Resident #4 had a mask on Resident #5's mask was not covering her nose or mouth. The therapist did not direct Resident #5 to cover her mouth nor did she direct them to distance themselves. 3. On 06/18/20 at 4:11 PM, the Administrator was asked if the facility practiced social distancing, and she stated Yes. She was asked if therapy staff had been trained or in-serviced relating to social distancing and she stated, Not from me. I'll reach out to them and see if they trained their staff. 4. On 06/18/20 at 4:20 PM, an interview was conducted with the Director of the Rehabilitation, Therapist #1. She was asked if they did group therapy sessions, and she stated, We don't do group treatments here. We don't have the appropriate residents to work together and we don't have appropriate equipment. She then stated, (Resident #1) was my patient and (Resident #3) was (Therapist #2's) patient. (Residents #2, #4, and #5) just joined us. (Resident #5) is on our case load, but he was treated this morning. She was asked if he had just come to hang out, and she said, Yes, Ma'am. We try to keep the furniture spaced and we typically have them sit in a chair. When they come down on their own, they just roll in and sit. She was then asked if residents can come in at any time and she stated, Yes. She was then asked, How do you keep them distanced? She said, Well we try to keep them apart or sometimes we have to turn them away and tell them to come back at a later time. She stated they ask them to wear one at all times. She also said at the beginning they had been spaced but at the end they got closer. When asked if they had been six feet apart, and she stated No. 5. On 06/18/20 at 4:38 PM, the Administrator provided an in-service document titled Incite Rehab Guidance on Preparing Workplaces for Covid 19 and signed by Therapist #1 and #2 that documented, . 3. Group and concurrent treatment is to be pre-approved and patients must be at least 6 feet apart . 6. On 06/19/20 at 3:55 PM, an interview was conducted with the Director of Nursing. She was asked if she was aware that residents were grouping together in the therapy department. She replied, I was not aware until yesterday.</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.