

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER WOODLAND HILLS HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1320 WEST BRADEN STREET JACKSONVILLE, AR 72076	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews the facility failed to ensure glucometers were cleaned per manufacturer's guideline and recommendations to prevent the potential spread of blood borne pathogens in 1 of 1 facility. This failed practice had the potential to affect 14 residents who received finger stick blood sugars (FSBS) according to a list provided by the Administrator on 7/24/20. The findings are: 1. On 7/22/20 at 11:49 AM, Registered Nurse (RN) #1 entered room [ROOM NUMBER] with a handheld glucometer. After checking the resident's blood sugar, she brought the glucometer out of the room and placed it on a glove lying on the medication cart. She then opened the drawer of the cart and opened an alcohol prep pad and wiped the glucometer off. She then placed it back onto her cart. On 7/22/20 at 12:00 PM, RN #1 was asked what she used to clean the glucometer. She opened the drawer and said, I just cleaned it with alcohol. 2. On 7/23/20 at 1:55 PM, RN #1 was asked about her training regarding the cleaning of glucometers after its use. She stated, That is not something I was trained to do here .we use Sani wipes, but I didn't have any available, and I didn't want to lay it around without cleaning it, so that's what I did. On 7/23/20 at 2:50 PM, RN #2 was asked how she cleaned the glucometer after its use, and she stated, We have alcohol swabs on the cart. We clean them with that. 3. On 7/24/20 at 9:00 AM, the Interim Director of Nursing (DON) was asked what the nurses clean the glucometers with after using them. She stated, Right now we are using alcohol pads. We did have Sani wipes. We ran out and have them on order. On 7/24/20 at 10:57 AM, the Administrator provided the policy and procedure for glucometer use. It documented, .17. Clean and disinfect reusable equipment, using bleach wipes, and allow to air dry, between uses, according to the manufacturer's instructions and current infection control standards of practice . She also provided the manufacturer's recommended cleaning and disinfecting procedure for the meter. It documented, .the EvenCare G3 meter should be cleaned and disinfected between each use . The following products have been approved for disinfecting the Evencare G3 meter: Dispatch Hospital Cleaner Disinfectant towels with bleach. Medline micro-kill disinfecting deodorizing cleaning wipes with alcohol . Clorox Health care bleach germicidal and disinfectant wipes . Medline micro-kill bleach germicidal bleach wipes . The Administrator stated they had been unable to obtain Sani wipes since April (2020).		
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.