

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER GLENWOOD HEALTH AND REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP 615 MOUNTAIN VIEW ROAD GLENWOOD, AR 71943	
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 - Few	<p>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 interview, the facility failed to ensure infection control measures were consistently implemented to minimize the potential for the spread of disease/ (and or) Covid-19 and cross-contamination as evidenced by staff removal of isolation precautions while resident had Contact Isolation ordered for 1 (Resident #1) of 3 (Residents #1, #3, and #4) case mix residents who had isolation precautions ordered. This failed practice had the potential to affect 29 residents who resided on the South and West Halls as documented on a list provided by the Administrator on 06/12/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/02/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS) and had isolation or quarantine for active infectious disease. a. The resident's Care Plan dated 03/16/2020 documented, Focus Isolation Precautions: contact isolation r/t (related to) [MEDICAL CONDITION] ([MEDICAL CONDITION] bacteria) Goal Isolation Precautions will be maintained when caring for resident Interventions Maintain Contact Isolation Precautions when caring for resident .Focus The resident is on antibiotic therapy r/t[DIAGNOSES REDACTED] .Date Initiated: 05/22/2020 . Focus The resident has [DIAGNOSES REDACTED]icile .Interventions .Educate .staff regarding preventive measures to contain the infection. .Maintain Isolation Precautions as ordered . b. A Physician's Telephone Order dated 05/22/2020 documented, .Contact Isolation for[DIAGNOSES REDACTED] . c. On 06/11/2020 at 11:30 a.m., the Administrator was asked how many residents were on quarantine and/or isolation. The Administrator stated, South Hall quarantine 2, 2 isolation, 1 [DIAGNOSES REDACTED].. [MEDICAL CONDITIONS] urine. d. On 06/11/2020 during initial rounds from 11:45 a.m. to 12:30 p.m., there were 2 residents on the quarantine hall for new admissions/readmissions. Only one of the two residents had a sign posted on the door that documented, Stop and see nurse before entering . A holder on the shelf contained PPE (Personal Protective Equipment) supplies. Registered Nurse (RN) #1 was asked, What type of isolation does the resident have ordered? the RN stated, Resident is in Contact Isolation for [MEDICAL CONDITION]. There was no other isolation resident identified in the facility from the rounds. e. On 06/11/2020 at 12:39 p.m., the Director of Nursing (DON) was asked who the isolation residents were. The DON stated, (Resident #1) and (Resident #4). f. On 06/11/2020 at 12:40 p.m., the DON accompanied the surveyor to Resident #1's room. The DON was asked if there was a sign on the door that indicated isolation. The DON stated, She may be off isolation. I'll have to check. g. On 06/11/2020 at 1:00 p.m., the DON stated, She is not off isolation. The DON was asked when the isolation precaution signs were removed. The DON stated, This morning. Can't give you the exact time but it was right before you got here. The DON was asked when the PPE had been removed. The DON stated, I would assume the same time. One of our other residents was taken off isolation and there was confusion. The DON was asked what the confusion was in discontinuing the isolation. The DON stated, We told them to take (Resident #2) off and they thought we said (Resident #1) . The DON was asked if the resident was to be on contact isolation and the DON stated, Yes. The DON was then asked if there should have been any interruption to the resident being on isolation. The DON stated, No. h. On 06/11/2020 at 2:04 p.m., CNA #1 was asked if the resident was to be on isolation. The CNA stated, Yes that was my fault. I thought she (DON) said take (Resident #1) off and it was (Resident #2). CNA #1 was asked what type of isolation the resident was on. The CNA stated, Contact, I want to say. I know we have to gown, glove, mask already. The CNA was asked if she had provided any care for the resident when off isolation. The CNA stated, I asked her what she wanted for lunch and she was being assisted by therapy. CNA #1 was asked if therapy staff had worn gown and if the resident was still on isolation. The CNA stated, They weren't because it was already broke down. i. On 06/12/2020 at 1:52 p.m., the Occupational Therapy Assistant (OTA) was asked if he had worked with the resident on 06/11/2020 and the OTA stated, I saw her early in morning, she is usually the first one. The OTA was asked if the resident had been on isolation when seen on 06/11/2020. The OTA stated, Not that I recall. . The OTA was asked if the resident had therapy in the room. The OTA stated, Yes, usually start walking from her room down the hall and when she gets tired, I push her down to the gym (therapy department). The OTA was asked if there were any other residents in the department when the resident was present. The OTA stated, No. 2. The Procedure and Protocol received on 06/11/2020 from the Administrator documented, Surveillance will be monitored by designated infection control nurse under the guidance of the Infection Control Committee. .Procedure/Protocol: .3. Standard and transmission-based precautions to be followed to prevent spread of infections. 4. When and how isolation/quarantine should be used for a resident; including but not limited to: .The type and duration of the isolation/quarantine, depending upon the infectious agent or organism involved . Signage to the door of resident indicating isolation/quarantine and to report to nurse prior to entering .Modes (means) of transmission are: Contact (direct and/or indirect) .Contact transmission is the most common form of transmitting diseases [MEDICAL CONDITION]. Direct contact transmission occurs when there is physical contact between an infected person and a susceptible person. In this situation full PPE (Personal Protective Equipment) should be worn when in proximity of a resident in contact isolation . 3. On 06/11/2020 at 12:38 p.m., the Isolation Precautions Policy and Procedure provided by the Administrator documented, Protocol/Procedure: 1. The charge nurse notifies the .resident's attending physician for appropriate isolation instructions . 2. The charge nurse obtains a physician's orders [REDACTED].. Post an isolation notice sign on the room entrance door instructing staff and visitors to report to the nursing station before entering the room. . Explain to the . staff the reason(s) for the isolation precautions. Maintain isolation precautions until no longer indicated. 4. On 6/11/2020 at 4:20 p.m., an Isolation Precaution form provided by the DON documented, Precaution .Contact Transmission Direct or indirect contact with patient or environment Disease [MEDICAL CONDITION] .PPE .Gowns and gloves +/- Eye protection .</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.