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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045432 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/19/2020 |
| NAME OF PROVIDER OF SUPPLIER BARROW CREEK HEALTH AND REHAB | | STREET ADDRESS, CITY, STATE, ZIP 2600 BARROW ROAD LITTLE ROCK, AR 72204 | |
| 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 0635 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and record review, the facility failed to ensure physician orders [REDACTED]. #1, #2, #3, and #4) of 4 residents who were admitted from an acute care facility during the COVID-19 pandemic. This failed practice had the potential to affect 4 residents who were admitted since 6/1/2020, according to a list provided by the Administrator on 6/19/2020. The findings are: 1. Resident #1 was admitted on [DATE] and had [DIAGNOSES REDACTED]. The Discharge with return Anticipated Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/2/2020 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS). a. The Physician order [REDACTED]. Vital signs q (every) shift every day and night as per COVID-19 guidelines . As of 6/19/2020 at 10:30 a.m., the physician's orders [REDACTED]. b. On 6/18/2020 at 10:46 a.m., Resident #1 was in his wheelchair in his room with the door open to the hallway. The resident was on isolation precautions. 2. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. As of 6/18/2020 at 10:45 a.m., the Admission MDS was in progress and was not available for review. a. The physician's orders [REDACTED]. Vital Signs Q (every) Shift every day and night shift for As Per COVID-19 Guidelines . As of 6/19/2020 at 10:30 a.m., the physician's orders [REDACTED]. b. On 6/18/2020 at 10:49 a.m., the resident was in his room with a sign on the door of the room which documented, .This Resident is in Isolation . Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on isolation until 6/26/2020 . (The Surveyor took a photograph of the door sign at this time.) The resident was lying in bed. 3. Resident #3 was admitted from acute care on 6/5/2020 and had [DIAGNOSES REDACTED]. The Admission MDS with an ARD of 6/5/2020 documented the resident required extensive two-person assistance for bed mobility, transfers, dressing, and personal hygiene. a. The physician's orders [REDACTED]. b. The Care Plan with a revised date of 6/17/2020 documented, .At risk for infection R/T (related to) COVID- 19 Pandemic . Intervention . Monitor temp (temperature) Q (every) Shift and record . Notify MD (Medical Doctor) of abnormal results . c. On 6/18/2020 at 10:43 a.m., the resident was in bed with a sign on the door of the resident's room which documented, .This Resident is in Isolation . Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on Isolation until 6/19/2020 . (The Surveyor took a photograph of the door sign at this time.) 4. Resident #4 was admitted on [DATE] with [DIAGNOSES REDACTED]. As of 6/18/2020 at 10:30 a.m., the Admission MDS was in progress and was not available for review. a. The physician's orders [REDACTED]. Vital signs q (every) shift every day and night as per COVID-19 guidelines [MEDICAL TREATMENT] . Tues. (Tuesday) . Thurs. (Thursday) . Sat. (Saturday) . (at) 1030 (10:30 a.m.) with ([MEDICAL TREATMENT] Center) . As of 6/19/2020 at 10:30 a.m., the physician's orders [REDACTED]. b. On 6/19/2020 at 10:49 a.m., the resident was in an isolation room with a sign on the door of the resident's room which documented, .This resident is in Isolation . Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on Isolation until 6/30/2020 . (The Surveyor took a photograph of the door sign at this time.) The resident was lying in bed.</p> | | |
| F 0655 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, the facility failed to ensure the Baseline Care Plan was completed timely and included the identification of isolation requirements due to COVID-19 for 1 (Resident #3) of 4 (Residents #1, #2, #3, and #4) case mix residents who were admitted to the facility since 6/1/2020. This failed practice had the potential to affect 4 residents who were admitted to the facility since 6/1/2020, as documented on the list provided by the Administrator on 6/18/2020 at 12:10 p.m. The findings are. a. Resident #3 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date of 6/5/2020 documented admission from an acute care facility on 6/5/2020 and required extensive two-person assistance with bed mobility, transfers, dressing, and personal hygiene. b. The Care Plan was dated 6/17/2020 and documented, .At risk for infection R/T (related to) COVID- 19 Pandemic . Intervention . Monitor temp (temperature) Q (every) Shift and record . Notify MD (Medical Doctor) of abnormal results . The Care Plan contained no documentation related to isolation for potential COVID-19.</p> | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure all staff were adequately trained in the use of Personal Protective Equipment (PPE) with competency check-offs and return demonstration for all types of isolation, including the use of PPE for COVID-19, and were adequately trained on standard and transmission-based precautions to be followed to prevent potential cross-contamination and the spread of infection; failed to ensure personnel were wearing masks and the mask covered the nose; failed to ensure employees who were screened for COVID-19 upon entering the building had a mask provided and sanitized their hands; failed to ensure the facility had a current Infection Control Policy that addressed COVID-19; and failed to ensure tracking and trending for COVID-19 residents was completed. These failed practices had the potential to affect all 86 residents who resided in the facility, according to the Daily Census Report provided by the Administrator on 6/18/2020 at 10:33 a.m. The findings are: 1. On 6/18/2020 at 10:20 a.m., upon entering the facility, the surveyors were screened, however the screener failed to ask the surveyors to sanitize their hands as per the Centers for Disease Prevention and Control (CDC) guidelines. a. On 6/18/2020 at 10:31 a.m., while conducting the Entrance Conference, the Administrator's cloth mask fell below her nose while talking. The Administrator was asked, Is your nose supposed to be covered by the mask? The Administrator stated, Yes, but I'm in my office. The Administrator's mask fell below her nose again at 10:41 a.m. and the Administrator pulled her mask up. b. On 6/18/2020 at 10:56 a.m., the Certified Nursing Assistant (CNA) Staffing Coordinator was coming out of her office with her mask below her nose. She was asked her name and she pulled her mask up and walked into her office. She was asked if the mask was supposed to cover her nose? She stated, Yes, it's supposed to. c. On 6/18/2020 at 11:16 a.m., Dietary Employee #1 was walking down 100 Hall with a hair net on his head, and a hair net secured to his ears around his nose and mouth. He was asked, Does the hair net replace a face mask? He stated, I just came in and didn't have one with me. 2. On 6/18/2020 at 10:49 a.m., Resident #1 was in isolation with a sign on the door which documented, .This resident is in Isolation .Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on Isolation until 6/23/2020 . (The Surveyor took a photograph of the door sign at this time.) The resident was sitting in a wheelchair in the doorway looking into the hallway. a. On 6/18/2020 at 10:46 a.m., Resident #1 was in his wheelchair in his room with the door open to the hallway. The resident was on isolation precautions. b. The assessments titled Respiratory assessment dated [DATE] documented, .Evaluate fever 100 or greater,</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.

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| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 1)</p> <p>cough, and shortness . There was documentation to indicate one assessment was completed on 6/13/2020 and documentation to indicate one assessment was completed on 6/17/2020. 3. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an ARD of 6/12/2020 was in progress and was not available for review. a. On 6/18/2020 at 10:49 a.m., the resident was in isolation with a sign on the door of the resident's room which documented, .This Resident is in Isolation , Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on isolation until 6/26/2020 . (The Surveyor took a photograph of the door sign at this time.) The resident was lying in bed. b. The assessments titled Respiratory assessment dated [DATE] documented, .Evaluate fever 100 or greater, cough, and shortness . There was documentation to indicate one assessment was completed on 6/13/2020 and documentation to indicate one assessment was completed on 6/17/2020. 4. Resident #3 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/5/2020 documented the resident was admitted from an acute care facility on 6/5/2020 and required extensive two-person assistance for bed mobility, transfers, dressing, and personal hygiene. a. The Care Plan was dated 6/17/2020 and documented, .(Resident) is at risk for infection R/T (related to) COVID-19 Pandemic . Intervention . Monitor temp (temperature) Q (every) Shift and record . Notify MD (Medical Doctor) of abnormal results . The Care Plan contained no documentation related to isolation precautions. b. On 6/18/2020 at 10:43 a.m., the resident was in isolation with a sign on the resident's door which documented, .This resident is in isolation . Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on isolation until 6/19/2020 . (The Surveyor took a photograph of door sign at this time.) The resident was lying in bed. c. The Respiratory Screening Assessments dated June 2020 documented, .Evaluate fever 100 or greater, cough, and shortness of breath . This was completed as follows: On 6/5/2020 the documentation indicated to resident was admitted at 12:41 p.m. There was no documentation to indicate an assessment was completed for shortness of breath and cough upon admission. The documentation dated 6/6/2020 indicated one assessment was missing. The documentation dated 6/8/2020 indicated there were no assessments completed. The documentation dated 6/9/2020 indicated one assessment was completed. The documentation dated 6/13/2020 indicated one assessment was completed. The documentation dated 6/17/2020 indicated one assessment was completed. d. The Respiratory Screening Assessments dated June 2020 documented, .Evaluate fever 100 or greater, cough, and shortness of breath . This was completed as follows: On 6/5/2020 admitted at 12:41 p.m., one assessment was completed; On 6/6/2020 one assessment was missing; On 6/8/2020 no assessments were completed; On 6/9/2020 one assessment was completed; On 6/13/2020 one assessment was completed; and on 6/17/2020 one assessment was completed. 5. Resident #4 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an ARD of 6/16/2020 was in progress and was not available for review. a. On 6/18/2020 at 10:49 a.m., the resident was in isolation with a sign on the resident's door which documented, .This resident is in isolation . Do Not Enter Until You Talk to the Nurse . Resident was admitted [DATE] and will be on isolation until 6/130/2020 . (The Surveyor took a photograph of the sign on the resident's door at this time.) The resident was lying in bed. b. The Physician's Orders dated June 2020 documented, .Vital signs q (every) shift every day and night as per COVID-19 guidelines [MEDICAL TREATMENT] Tues (Tuesday), Thurs (Thursday), Sat (Saturday) (at) 1030 (10:30 a.m.) with [MEDICAL TREATMENT] Center) . There was no Physician's Order for isolation. c. The Respiratory Screening Assessment form dated June 2020 documented, .Evaluate fever 100 or greater, cough, and shortness of breath . The Respiratory assessment dated [DATE] documented, .admitted to the facility at 16:30 (4:30 p.m.) . There was no assessment for shortness of breath and cough upon admission. The Respiratory Screening Assessment contained one completed assessment which was completed at 23:22 (11:22 p.m.) on 6/17/2020. 6. Resident #5 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Admission MDS with an ARD of 6/5/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS). a. The Respiratory Screening Assessments dated May 2020 documented, .Evaluate fever 100 or greater, cough, and shortness of breath. The Admission Respiratory Screening assessment dated [DATE] contained no documentation to indicate an assessment for shortness of breath and cough had been completed upon admission. The Respiratory Screening assessment dated [DATE] documented one assessment was completed. The documentation dated 6/3/2020 indicated one assessment was completed. The documentation dated 6/4/2020 indicated one assessment was completed. The documentation dated 6/5/2020 indicated one assessment was completed. The documentation dated 6/6/2020 indicated one assessment was completed. The documentation dated 6/9/2020 indicated one assessment was completed. The documentation dated 6/13/2020 indicated one assessment was completed. The documentation dated 6/17/2020 indicated one assessment was completed. 7. On 6/18/2020 at 10:46 a.m., the Activity Director was in the hallway with her Activity / Drink Cart with her mask pulled down below her nose. The Activity Director was asked, Should your mask be pulled down below your nose? She stated, No, it should not. a. On 6/18/2020 at 10:56 a.m., a resident was asked, Do all staff wear masks every shift every day? The resident stated, No, not all the time. Nights never do and most weekends do not. b. On 6/18/2020 at 10:57 a.m., Housekeeper #1 was on the Secured Unit with her mask pulled down below her nose. She was asked, Should your mask be pulled down below your nose? She stated, No, it should be above. I was just having a hard time breathing and needed some air. c. On 6/18/2020 at 11:04 a.m., Certified Nursing Assistant (CNA) #3 was in the hallway with his mask pulled down below his nose and mouth and resting under his chin. He was asked, Should your mask be pulled down off your face? He stated, No. The CNA pulled the mask up over his face to cover his nose and mouth. d. On 6/18/2020 at 11:05 a.m., CNA #4 was asked, Has the facility been in-serviced on education related to COVID-19? She stated, No. e. On 6/18/2020 at 11:06 a.m., a resident was asked, Do all staff wear masks every shift every day? She stated, No, some of the day shift wear their masks. f. On 6/18/2020 at 11:23 a.m., the Administrator was asked for in-services which had been provided after 5/1/2020. She stated, I can't tell you about in-services since May (2020). She was asked to email them to the surveyor when they were located. As of 6/19/2020, no information regarding in-services had been provided. g. On 6/18/2020 at 1:34 p.m., CNA #2 was asked, When was Dietary Employee #1 screened? She stated, He usually gets here between 8:15 a.m. and 8:45 a.m. He's our late Dietary. She was asked, Did he have a mask on when he entered? She stated, No. She was asked, Did you supply him with one? She stated, No. I don't have any here. She was asked, What does someone entering without a mask do? She stated, If they're an employee they go to their area and get one. She was asked, Are they allowed to walk all over the building without a mask on? She stated, I guess they do. h. On 6/18/2020 at 1:55 p.m., the Administrator was asked about the facility policy for the Screening Process. The Administrator stated, We don't really have a policy on how we screen, just emails from corporate. The last facility in-service for COVID-19 provided by the facility was dated 4/17/2020 and it was regarding correct use of Personal Protective Equipment (PPE). i. On 6/19/2020 at 10:50 a.m., Licensed Practical Nurse (LPN) #1 was asked, Is there a tracking log of those residents admitted for isolation related to COVID-19? She stated, Umm, as far as COVID-19 goes, no ma'am. j. On 6/19/2020 at 10:55 a.m., the Director of Nursing was asked, Is there a line listing or tracking of those residents admitted for isolation related to COVID-19? She stated, There probably should be, but I don't think so. She was asked if someone came in on isolation, should there be an order defining what type and for how long? She stated, Absolutely yes, there should be. She was asked, Who is responsible for monitoring the completion of assessments? She stated, The Unit Managers. She was asked, Have you heard anything about missing Respiratory Screening Assessments? She stated, No, I haven't. k. On 6/19/2020 at 10:57 a.m., Registered Nurse (RN) #1 was asked, Who is responsible for completion of the Baseline Care Plan? She stated, The Admitting Nurse. She was asked, When is the Baseline Care Plan supposed to be completed? She stated, Within 24 hours (of admission). She was asked, Who is reviewing for Baseline Care Plan completion? She stated, (Nurse Consultant #2). She was asked, Have they identified any issues with completion of the Baseline Care Plans? She stated, At one time we had a problem, I didn't know we had a problem now. 8. A facility in-service dated 4/17/2020 provided by the Administrator on 6/18/2020 at 1:49 p.m. documented, .If a patient is in Contact Precautions, you need to wear gloves and a gown. If a patient is in Droplet Precautions, you need to wear mask, gown, and gloves . The last facility Skills Check-off for donning PPE was dated 3/24/2020, and the last Coronavirus in-service was dated 3/6/2020. a. As of 6/19/2020 at 7:05 a.m., no surveillance for the new admissions' COVID-19 status had been provided. A policy titled Med-Pass (Medication Pass) documented, .The Infection Preventionist and Director of Nursing will be responsible for receiving surveillance information and tabulating daily, maintain a line listing of identified cases, and nursing staff will be responsible for providing infection surveillance data in a timely manner . b. A facility policy titled Infection Control provided by the Administrator on 6/19/2020 at 7:08 a.m. documented, .Masks are worn to protect mucous membranes, nose, and mouth . Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by coughing, sneezing .</p> | | |