

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER CAVALIER HEALTHCARE OF ENGLAND		STREET ADDRESS, CITY, STATE, ZIP 400 STUTTGART HIGHWAY ENGLAND, AR 72046	
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.</p> <p>Based on observation, record review and interview, the facility failed to ensure appropriate COVID-19 screening procedures were implemented and consistently followed, and failed to ensure the thermometer was sanitized after use to prevent potential cross-contamination and the development and transmission of COVID-19. These failed practices had the potential to affect 50 residents who resided in the facility, according to the Census List provided by the Administrator on 6/9/2020. The findings are: a. On 6/9/2020 at 10:20 a.m., the Surveyors were screened upon entering the facility by the Director of Nursing (DON) who was wearing a mask and manning a station at the front entrance of the building. The Surveyors sanitized their hands, the DON assessed their temperatures, and had them complete a questionnaire. (The Surveyors were wearing face masks.) b. On 6/9/2020 at 11:07 a.m., the Infection Control Nurse entered the facility with a face mask on through a separate coded door (referred to as the Back Door), sanitized her hands, and walked down a short hall (D Hall) to the Nurse's Station. She walked up to the Nurse's Station and checked her temperature but walked away to the time clock with the questionnaire in her hand before completing it. c. On 6/9/2020 at 1:05 p.m., Dietary Worker #1 was entering the facility through a separate entrance called the Back Door. She sanitized her hands, walked down the Short Hallway (D Hall) with no mask on. She walked up to the Nurse's Station and proceeded to screen herself by taking her own temperature and completing a questionnaire. Licensed Practical Nurse (LPN) #1 was sitting inside the Nurse's Station and gave Dietary Worker #1 a mask. The thermometer was not cleaned before or after Dietary Worker #1 screened herself in. d. On 6/9/2020 at 1:07 p.m., Dietary Worker #2 entered the facility through the Back Door. He was not wearing a mask. He sanitized his hands and walked down D Hall to the Nurse's Station where he was given a mask by LPN #1. He took his temperature with his forehead slightly moist in appearance. He filled out the questionnaire and placed it in a file. He did not wipe his forehead dry. e. On 6/9/2020 at 1:17 p.m., LPN #1 was asked, Should the thermometer have been cleaned between usage? She stated, Yes. She was asked, Whose responsibility is it to clean it? She stated, The wipes are right here. She picked up a box of alcohol wipes that was sitting beneath the top of the desk, but not within reach of staff taking their temperatures. f. On 6/9/2020 at 1:20 p.m., the Infection Control Nurse was asked, Should the thermometer be cleaned between usage? She stated, Yes. She was asked, Whose responsibility is it? She stated, We have alcohol wipes available for them to use at the desk after they take their temp (temperature). She was asked to describe how the staff are screened. She stated, They enter the Back Door and sanitize their hands outside before entering the facility, or there is a dispenser at the end of D Hall near the door. If a nurse is available, she will check their temperature, but all the staff has been educated on how to take their temperature and fill out the form. Temperatures are taken 3 times a shift. We (nurses) check the results. If the temperature is above the range, we see what needs to be done. If (the temperature is) above the parameters, they aren't allowed to stay at work. g. On 6/9/2020 at 1:50 p.m., the DON was asked, Should a separate entrance from the Front Entrance be used to screen everyone into the facility? He stated, Visitors are screened at the front door. Only staff can enter the door on D Hall (referred to as the Back Door) because it requires a code and there are no resident rooms on that hall. He was asked, What is on that hall? He stated, Rehab (Rehabilitation / Therapy) and the Beauty Shop. He was asked, Should all screenings be monitored by a designated screener? He stated, All the staff has been trained to screen themselves. There is usually a nurse at the desk, or they yell for me to come around. I'm just around the corner. He was asked, Should the thermometer be cleaned between usage? He stated, Yes. He was asked, Whose responsibility is it? He stated, They have been trained on the screening process and have had several in-services. He was asked, Should staff wipe the area of the forehead prior to taking the temperature? He stated, Not that I'm aware of, just moving the hair. I didn't notice that in the manufacturer's guidelines. h. On 6/9/2020 at 1:45 p.m., the Administrator was asked, Should there be more than one entrance for screening everyone? She stated, Only our employees enter that Back Door because you have to have the code to get in. She was asked, Should there be a designated screener for everyone entering the building? She stated, The DON screens all visitors at the Front Entrance and usually there is a nurse at the Nurse's Station, but all of our employees have been trained on how to screen themselves. She was asked, Should the thermometer be cleaned between usage? She stated, Yes. She was asked, Were they trained on how to use the thermometer? She stated, No, I don't think so. i. A facility form posted near the Time Clock titled Adherence to Employee Screening Requirements documented, Adherence to Employee Screening Requirements. Attention all staff. Coronavirus Screening Form is not an option. The form Must Be Completed In Its Entirety Each Time. Upon audit of the Employee Screening Form Binder many deficiencies were noted. Please review the binder And Correct Immediately. Nurses. When you sign off on forms before the shift ends and they fail to complete all aspects of documentation, we are Not Adhering To Policy. (Registered Nurse (RN) #1). QA (Quality Assurance) / Infection Prevention. 4/5/2020. j. A facility protocol titled COVID-19 Protocol for Facilities provided by the Administrator on Employees, residents, and essential vendors must be screened prior to entering the building. The facility must have only ONE door for entrance and exit from the facility. You must have a designated screening person at the entrance of the facility at all times. k. A facility policy titled COVID-19 provided by the Administrator on 6/9/2020 at 11:05 a.m. documented. It is the Policy of (Facility) to protect residents, visitors, staff and volunteers. To that end, facilities will adhere to CDC (Centers for Disease Prevention and Control) guidelines for prevention and control of Coronavirus Disease. l. A typed statement provided by the Administrator on 6/9/2020 at 2:30 p.m., documented, Staff does not receive any in-service training on use of OTC (over-the counter) thermometer. The statement was dated 6/9/2020 and signed by the Administrator.</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.