

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045456</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINK BUD HOME FOR THE GOLDEN YEARS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>400 SO COKER GREENWOOD, AR 72936</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to ensure staff were aware of the required contact time for products being used for disinfection. This failure had the potential to spread bacteria and/or viruses to any resident or staff that handled or touched anything that was not disinfected appropriately. Findings include: 1) During an interview with a nurse on 10/15/20 at 11:08, a large dispensing jug of Aktive disinfecting wipes was observed on the nurse's station ledge of the North hall. In an interview on 10/15/20 at 11:15 AM, Environmental Services (EVS) 1 stated s/he wiped down high touch areas (handrails, door handles/knobs, light switches, etc.) every day. When asked what product was being used, EVS 1 picked up a spray bottle with a taped-on label and stated, Been spraying every day. The product label stated NABC Non-Acid Disinfectant Bathroom Cleaner. EVS 1 responded to the question of how long the product needed to stay wet to be effective (contact time) stating, I have no clue. In an interview on 10/15/20 at 12:05 PM, Housekeeping Supervisor (EVS Spvr) stated high touch areas were to be wiped down 2 - 3 times per day on the staff hall, and the contact time was 10 minutes for the NABC. At 1:02 PM, EVS Spvr provided a copy of the NABC label that showed contact time was 10 minutes for disinfection. EVS Spvr also stated they had just started using a new disinfectant wipe that was at every nurse's station and showed a large jug of Aktive General Disinfecting Cleaning & Wet Wipes that had a kill time of one minute on the label. Further review of the label with the EVS Spvr revealed it did not have an Environmental Protection Agency (EPA) registered number and was not listed on the EPA N list of approved disinfectants. The EVS Spvr immediately went to pull the product and replace with an EPA registered product. In a telephone interview on 10/15/20 at 4:15 PM, the EVS Spvr stated s/he had not completed any training since the Coronavirus pandemic, does do competencies with staff however s/he does not document them anywhere. When asked if the environmental services staff should know the contact time of the products used, the EVS Spvr stated, I would have hoped staff knew the contact better. Review of the facility's undated policy Cleaning High Touched Surfaces During Outbreak showed, Each housekeeper will clean high touched surfaces 3 times per shift and prn (as needed) per day. They will use a disinfectant that is EPA registered. 2) During an observation on 10/15/20 at 8:45 AM of the Infection Preventionist (IP) performing screening temperature checks for staff and everyone permitted entry to facility, revealed the thermometer was being cleaned with a PDI Sani Cloths Plus from a dispenser jug on the table. In an interview on 10/15/20 at 12:45 PM, the IP was asked about contact time for the PDI Sani Cloths. When asked what the wet or kill time of the product was, the IP stated I haven't been able to read small print with these glasses, and proceeded to read the back of the product label, and stated two minutes.		

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.