

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>04E090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEWTON COUNTY NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>610 EAST COURT STREET JASPER, AR 72641</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint # (AR 271) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure residents' respiratory status was properly monitored for 2 (Residents #1 and #4) of 5 (Residents #1, #2, #3, #4, and #5) sampled residents who required respiratory status monitoring and documentation three times daily. This failed practice had the potential to affect 38 residents who resided in the facility, according to a Resident Roster provided by the Assistant Director of Nursing (ADON) on 8/20/2020 at 11:30 a.m. The facility failed to ensure standards of infection control practices were consistently implemented to ensure proper COVID-19 screening of staff and visitors who entered the facility to prevent the potential spread of COVID-19. The facility failed to follow Centers for Disease Control and Prevention (CDC) guidelines for [MEDICATION NAME] visitation of 1 (Resident #1) of 5 (Residents #1, #2, #3, #4, and #5) sampled residents. This failed practice had the potential to affect all residents who were on the [MEDICATION NAME] Visitation list, according to lists provided by the Administrator on 8/20/2020 at 1:10 p.m. The facility failed to ensure symptomatic residents wore face coverings in common areas, specifically the Day Room and Nurse's Station, while entering and exiting the building to smoke. The findings are: 1. Resident #4 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 6/8/2020 documented the resident scored 13 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; required one person assistance with bathing; and was independent with no set up assistance with all other activities of daily living. a. A laboratory test result dated 7/22/2020 documented the resident had been tested for COVID-19 and the results indicated the resident was Positive for COVID-19 b. The clinical record for the resident's respiratory monitoring documentation indicated the following: 7/26/2020 - one entry indicating respiratory monitoring; 7/27/2020 - two entries indicating respiratory monitoring; 7/28/2020 - no documentation indicating respiratory monitoring; 7/29/2020 - two entries indicating respiratory monitoring; 7/30/3030 - one entry indicating respiratory monitoring; 7/31/2020 - one entry indicating respiratory monitoring; 8/1/2020 - two entries indicating respiratory monitoring; 8/2/2020 - no documentation indicating respiratory monitoring; 8/3/2020 - two entries indicating respiratory monitoring; 8/4/2020 - two entries indicating respiratory monitoring; 8/5/2020 - two entries indicating respiratory monitoring; 8/6/2020 - one entry indicating respiratory monitoring; 8/7/2020 - three entries indicating respiratory monitoring; 8/8/2020 - two entries indicating respiratory monitoring; 8/9/2020 - one entry indicating respiratory monitoring; 8/10/2020 - one entry indicating respiratory monitoring; 8/11/2020 - two entries indicating respiratory monitoring; 8/12/2020 - two entries indicating respiratory monitoring; 8/13/2020 - two entries indicating respiratory monitoring; 8/14/2020 - two entries indicating respiratory monitoring; 8/15/2020 - two entries indicating respiratory monitoring; 8/16/2020 - two entries indicating respiratory monitoring; 8/17/2020 - two entries indicating respiratory monitoring; 8/18/2020 - two entries indicating respiratory monitoring; 8/19/2020 - two entries indicating respiratory monitoring; and 8/20/2020 - one entry indicating respiratory monitoring. c. The Arkansas Department of Health (ADH) declaration titled ADH Guide for Reducing Spread of COVID-19 in Long-Term Care Facilities released on 4/15/2020 documented, „Symptom monitoring should be increased to at least 3 times a day for residents when a Positive resident or worker is identified in the facility . 2. Resident #1 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/8/2020 documented the resident scored 3 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS); required one-person limited assistance with bed mobility, transfers, toilet use, and dressing; and required set-up assistance only with eating and bathing. a. A laboratory report dated 7/22/2020 documented the resident was tested for COVID-19. b. A Physician's Order dated 7/23/2020 documented, „Oxygen increase to 4 LPM (liters per minute) PRN (as needed) Keep sats ( oxygen saturation) (greater than) 90 . c. A laboratory result dated 7/24/2020 documented the resident was Positive for COVID-19. d. A document titled Guidance for Prevention and Management of COVID-19 in Long-Term Care Facilities from the Arkansas Department of Health, and provided by the Director of Nursing (DON) on 8/20/2020 at 12:30 p.m., documented, „Page 2 . Screening . Evaluate residents every 8 hours for the following . Shortness of breath . Increased oxygen requirements . e. On 8/21/2020 at 1:56 p.m., the Assistant Director of Nursing (ADON) was asked, Does (Resident #1) have respiratory assessment sheets showing assessments were done three times a day? I am not seeing them in the record. The ADON stated, She didn't have those sheets. We started that after her. f. As of 8/21/2020 at 1:58 p.m., the resident's clinical record contained documentation of vital signs without pulse oximetry monitoring. There was no Physician's Order to discontinue the monitoring. g. A document titled, ADH Guidance for Reducing Spread on COVID-19 in Long-Term Care Facilities dated 4/15/2020 documented, . 6. Symptom monitoring should be increased to at least 3 times a day for residents when a Positive resident or worker is identified in the facility . h. A document titled, ADH Guidance for Reducing Spread on COVID-19 in Long-Term Care Facilities dated 8/4/2020 documented, . 8. Symptom monitoring should be increased to at least 3 times a day for residents when a Positive resident or worker is identified in the facility . 3. On 8/20/2020 at 10:30 a.m., the Administrator was asked, When was visitation started? The Administrator stated, We never restarted visitation. The Administrator was asked, When was the last visitation? The Administrator stated, March 14 (3/14/2020) and we were screening at that time. The Administrator was asked, What about End of Life (EOL) visits? You did some? The Administrator stated, Yes. The Administrator was asked, Were they screened? The Administrator stated, Yes. The Administrator was asked, If they answered 'Yes' to any of the questions, what would you do? The Administrator stated, They would have to leave. The Administrator was asked, Should the screener review the paperwork? The Administrator stated, Yes. The Administrator was asked, Are they supposed to take their temperature? The Administrator stated, Yes. The Administrator was asked, Are visitors supposed to answer all questions? The Administrator stated, Yes. The Administrator was asked, Were there any restrictions or stipulations on the EOL visits once there was a Positive employee / resident? The Administrator stated, No. There was no stipulation on EOL visits, so we waited until the 7/21/2020 facility wide testing to not allow further visitation. a. The Center for Clinical Standards and Quality / Quality, Safety and Oversight Group Reference dated April 24, 2020 documented, . 4. Q: The CMS (Centers for Medicare and Medicaid Services) memorandum (QSO-20-14-NH (Revised)) states that visitation should be allowed in 'certain [MEDICATION NAME] care situations'. Furthermore, individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in End-of-Life situations) . 5. Q: Why are visitors restricted from entering nursing homes? . These individuals are at an extremely high risk for serious illness, hospitalization , and death if infected. Therefore, it is critical for nursing homes to restrict visitation and the entry of non-essential individuals . b. A CMS document dated June 23, 2020 titled Frequently Asked Questions (FAQs) on Nursing Home Visitation documented, . 2. The reopening recommendations . [MEDICATION NAME] care situations. . Also, while CMS acknowledges . we still believe these visits should not be routine and allowed on a limited basis as an exception to restricting visitation. We also remind facilities . screening all visitors for symptoms of COVID-19 . c. The facility Screening Form dated 7/8/2020 at 8:00 a.m. provided by the Administrator on 8/20/2020 at 1:07 p.m. documented Resident #1 had two End of Life (EOL) visitors. The facility Screening Documents indicated temperatures were not checked for either</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>visitor. d. The facility Screening form dated 7/14/2020 at 8:45 a.m. provided by the Administrator on 8/20/2020 at 1:07 p.m. documented Resident #1 had 2 End of Life visitors. The facility Screening Documents indicated temperatures were not checked for either visitor. e. A document titled End of Life Visitor Protocol dated 7/16/2020 and provided by the Director of Nursing on 08/20/2020 at 2:45 p.m. documented, . 1. Must be screened and temperature recorded . 4. May only go directly to room [ROOM NUMBER] . f. The facility Screening form dated 7/17/2020 at 15:47 p.m. provided by the Administrator on 8/20/2020 at 1:07 p.m. documented Resident #1 had 3 visitors. The facility Screening Documents indicated not all visitors answered screening questions, and one visitor did not have a temperature checked. g. The facility Screening form dated 7/18/2020 at 10:30 a.m. provided by the Administrator on 8/20/2020 at 1:07 p.m. documented Resident #1 had 7 visitors. The facility Screening Documents indicated not all visitors answered screening questions, and one visitor did not have a temperature checked. h. The facility Screening form dated 7/19/2020 at 12:55 p.m. provided by the Administrator on 8/20/2020 at 1:07 p.m. documented Resident #1 had 13 visitors. The facility Screening Documents indicated 3 visitors did not answer the screening questions, one visitor did not have temperature checked, and one visitor documented Yes to the question, Have you had a positive COVID-19 Test? The Visitor documented, 7/13/2020 in response to the question, If yes, what was the date of the positive test? i. The facility Screening form dated 7/20/2020 at 4:05 p.m. provided by the Administrator on 8/20/2020 at 1:07 p.m. documented Resident #1 had 2 visitors. One visitor did not answer the screening questions and did not have their temperature checked. j. The facility Screening forms dated between 7/8/2020 and 7/21/2020 documented Resident #1 received 21 visitors and had 8 visitors who came into the facility two or more times. k. On 8/20/2020 at 10:30 a.m., the Administrator was asked, Is it fair to say that there were consistent and routine visits that occurred between 7/7/2020 and 7/21/2020? The Administrator stated, I think there were a few days there was a break in there. The Administrator was asked, Did the same family members come in consistently and routinely to visit (Resident #1)? The Administrator stated, Yes, but they were supposed to call ahead. l. On 8/21/2020 at 10:30 a.m., the Administrator was asked, Where were the EOL visitors screened? The Administrator stated, They were screened at the back door. We have a PPE (Personal Protective Equipment) station set up on the 200 Hall and they were screened on 200 Hall. The Administrator was asked, Are the screeners supposed to review the paperwork? The Administrator stated, Yes. The Administrator was asked, Are the screeners supposed to take visitor temperatures? The Administrator stated, Yes. m. On 8/21/2020 at 11:10 a.m., the Social Services Director was asked, Were you trained on screening visitors and staff entering the building? The Social Services Director stated, Yes. She was asked, If someone says 'Yes' to any of the questions, what is done? The Social Services Director stated, We send them home. She was asked, When they fill out the paperwork, do you review and sign it? The Social Services Director stated, Yes. She was asked, Where were the visits for (Resident #1)? The Social Services Director stated, In her room on the 200 Hall. She was asked, When the visitors came for visits, where were they screened? The Social Services Director stated, Inside visits were screened on the 200 Hall. She was asked, Did the visitor fill out the paperwork? The Social Services Director stated, They filled out the paperwork then I reviewed and signed it. She was asked, Did they have to get their temperature taken? The Social Services Director stated, Of course, yes. She was asked, There are no temperatures recorded on forms and you signed the bottom. Can you tell me why? The Social Services Director stated, I guess I forgot to write it down. She was asked, There is a note from the Administrator on 7/8/20 that she talked to you about the importance of taking temperatures. Do you remember that? The Social Services Director stated, Yes, I do. She was asked, Did the facility provide food or drinks? The Social Services Director stated, No. We held visits to 30 minutes. The kitchen made (Resident #1) a cake and the family did a window visit. That is what we discussed. She was asked, Did (Resident #1) eat cake? The Social Services Director stated, I think they tried to feed her some. She was asked, So, family was in the room for (Resident #1's) birthday on the 19th (7/19/2020)? The Social Services Director stated, They were allowed to come in 2 at a time. n. On 8/21/2020 at 12:42 p.m., Registered Nurse (RN) #3 was asked, Did you receive training on visitor and staff screening? RN #3 stated, In the very beginning and retrained on updates. She was asked, If you screened staff and they said 'Yes' to any question, what would you do? RN #3 stated, I would hold them and call either the DON (Director of Nursing) or Administrator. I would call if they had a new cough and I took everyone's temperature. She was asked, Did you review the screening sheets? RN# 3 stated, Yes. Then I would sign it. She was asked, Did the facility allow any visitors to come in? RN #3 stated, Not until the very end for hospice. She was asked, How were they screened? RN #3 stated, At the end of the 200 Hall, only visitors. I would go out and get them when their time to enter was and they came in at that time. She was asked, What room did they go to? RN #3 stated, room [ROOM NUMBER], the hospice room. She was asked, How would you screen them? RN #3 stated, I gave them hand sanitizer, took their temperature, completed the questionnaire, and if okay, I would gown them, and there would be usually only 2 at a time. And I put the mask on them first, then gown, then goggles. She was asked, Did you stay in the room with them while they visited? RN #3 stated, Not the whole time. I would return and check on them. They put on the call light when they were ready to leave. She was asked, Were they allowed to touch the resident? RN #3 stated, When I wasn't in there they probably did. She was asked, A visitor marked Yes' to having a Positive COVID test on the 13th (7/13/2020) and was allowed in to visit. Why? RN #3 stated, I do not remember that. I asked everyone and no one said 'Yes'. I asked the questions. It must have been an error and I overlooked it. She was asked, I have three forms that visitors did not answer the questions. RN #3 stated, Then I probably missed it, but I asked everybody, and I asked them. She was asked, Did you fill the forms out, or did the visitor fill it out? RN #3 stated, Most of the time they did. She was asked, I have three forms with no temperatures. RN #3 stated, Well I took their temperatures. o. On 8/24/2020 at 11:19 a.m., the Social Services Director was asked, Did End of Life visitors call ahead for an appointment? The Social Services Director stated, They called ahead. She was asked, Who did they talk to? The Social Services Director stated, It had to have been Administration. They talked to (Administrator). She was asked, Did you have a schedule to follow for visitors? The Social Services Director stated, Yes. She was asked, What were the set hours? The Social Services Director stated, 8 to 4 (8:00 a.m. to 4:00 p.m.). I think it was during office hours so someone would be there from Administration during that time. She was asked, Did the same family visit (Resident #1) from 7/7/2020 to 7/21/2020 on a consistent basis? The Social Services Director stated, Yes. (Name) came pretty much every day from what I screened. She was asked, Where was screening for inside visits? The Social Services Director stated, At the back door. Inside the building, right there at the door. She was asked, What PPE (personal protective equipment) was required for inside visits? The Social Services Director stated, Mask, goggles, gown, gloves, and hand sanitizer. She was asked, Was PPE donned prior to entry into the building? The Social Services Director stated, Inside the building, right there at the door. They put that on right then and there or they could go no further. We screened them, gave them PPE, and they came in 2 at a time. p. On 8/24/2020 at 12:59 p.m., RN #3 was asked, Did the same family members visit (Resident #1) from 7/7/2020 to 7/21/2020 on a consistent basis? RN #3 stated, Well, she would have visitors and they would always call. I guess it was a son and daughter-in-law. q. On 8/28/20 at 12:51 p.m., the Administrator was asked, When did the 200 Hall become the designated hall (for COVID)? The Administrator responded via email at 1:50 p.m., On 7/24/2020 at approximately 5:15 p.m. the disinfecting of 200 Hall rooms and the moving of residents was completed. r. On 8/20/2020 11:35 a.m., the Administrator was asked, When screening employees for 200 Hall, where are they screened and how do they enter the hall? The Administrator stated, They are screened at the front entrance, then they go to the back door of the 200 Hall and enter through there. They do not go through the building. s. A facility policy titled Coronavirus Surveillance dated as implemented on 3/13/2020 and reviewed on 5/4/2020 provided by the Director of Nursing on 8/20/2020 at 2:45 p.m. documented, . 3. Screening for visitors and staff . a. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat or other symptoms of coronavirus . b. In the last 14 days, has had contact with someone with a confirmed [DIAGNOSES REDACTED]. 4. Visitors and staff will be denied entry into the facility if they exhibit any of the criteria listed above . 5. Staff who have signs and symptoms of a respiratory infection shall not report to work . 6. The facility will refer to current CDC guidance . t. On 8/24/2020 at 9:07 a.m., the Administrator was asked, On 7/8/2020, the first visitation for (Resident #1), the Social Work Director forgot take the visitors temperatures and you had a discussion with her on that date regarding the significance of taking temperature? The Administrator stated, Yes, I did. She was asked, Did you monitor the screenings of the End of Life visitors after that? The Administrator stated, No, I did not follow-up or monitor or review any screenings after that to ensure they were being done correctly. She was asked, Who was responsible for monitoring the screeners? The Administrator stated, I should have been. u. A document titled Screener Instructions provided by the Assistant Director of Nursing (ADON) on 8/24/2020 at 3:30 p.m., documented, . 4. Any 'Yes' answers to the screening form require follow-up (sic). You must turn away staff in certain circumstances . If you have any questions . contact DON, ADON, or Administrator . Do not take and record your own temperature. A screener has to be screened by another screener . 4. On 8/20/2020 at 11:35 a.m., the Administrator was asked, When screening employees for the 200 Hall, where are they</p>		

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 2)</p> <p>screened, and how do they enter the hall? The Administrator stated, They are screened at the Front Entrance, then they go to the back door of 200 Hall and enter through there. They do not go through the building. 5. On 8/20/2020 at 11:47 a.m., two residents in wheelchairs were in the outside Courtyard wearing smoking aprons, self-propelling toward entry door to the facility Day Room and Nurse's Station. Both residents entered the building through the glass door into the Day Room. No smoking material was observed in the possession of either resident. No facial coverings were noted on either resident. a. On 8/20/2020 at 11:47 a.m., RN #1 was asked, Who are the people in the Courtyard? RN #1 stated, They are husband and wife smokers. RN #1 was asked, Do they have cigarettes and lighter? RN #1 stated, No. They do not. We take them out and light their cigarettes for them. They have been screened and are able to smoke on their own without supervision. b. A facility list of residents who smoked, provided by the Administrator on 8/27/2020 at 3:39 p.m., documented four residents who resided on the 100 Hall. The husband and wife residents who smoked currently resided on the 100 Hall. c. On 8/31/2020 at 8:48 a.m., the ADON was asked, How are smokers who are taken to the smoking area are from the 100 / 200 / 300 Halls? She stated, We only have smokers on the 100 Hall. They have a mask put on, they get cigarettes from the nurse, and then they are taken outside to smoke. They go out the Day Room door out to the Courtyard. d. On 8/31/2020 at 8:48 a.m., the ADON was asked, Should the smokers be wearing masks when entering and leaving the building to smoke? She stated, Yes, ma'am.</p>		