STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045318	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambers Health and Rehabilitation	1001 East Park Street Carlisle, AR 72024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508 Based on observation and interview, the facility failed to ensure expired food items were promptly removed from stock to maintain freshness and prevent potential cross contamination, failed to ensure dietary staff practiced good hand washing to prevent potential cross contamination, and manufacturer specification was followed to maintain food quality. These failed practices had the potential to affect 47 residents who received meals from the kitchen (Total Census: 47), as stated on a list provided by the Dietary Manager on [DATE] at AM. The findings are: 1. On [DATE] at 9:30 AM, a container of grated parmesan cheese on a shelf in the 2-door refrigerator had an expiration date [DATE]. 2. On [DATE] at 9:45 AM, the following observations were made on a shelf in the kitchen storge room: a. A box of white cake mix with an expiration date of [DATE]. b. A container of chili powder with an expiration date of [DATE]. c. An opened gallon of parsley flakes with an expiration date of date of [DATE] d. At 9:46 AM, an opened bottle of pancake syrup was in a container under the food preparation counter. The manufacturer specification on the bottle documented, Refrigerate after opening. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On [DATE] at 9:48 AM, Dietary Aide (DA) #1 turned on the hand washing sink and washed her hands; after washing her hands, she turned off the faucet with her bare hands, contaminating them. She then picked up a box of gloves, removed gloves and placed the gloves on her hands, contaminating the gloves in process. Without changing gloves and washing her hands, she removed slices of bread from the bread bag and placed them on the toaster. At 9:50 AM, DA #1 removed slices of bread from the toaster and placed them on the plates. She then picked up slices of ham from the plate and placed them on the bread to be served to the residents who requested a ham and cheese sandwich with their lunch meal. At 9:54 AM, DA #1 was observed to remove gloves from her hands and place them on the counter. Without washing her hands, she removed gloves from the glove box and placed them on her hands, contaminating the gloves in the process. She picked up a container of mayonnaise from the counter and opened it, then placed it on the counter. She untied the bag of bread, removed slices of bread, and placed them on the plate and spread mayonnaise on the bread to be served to the residents who requested a hamburger with their lunch meal. At 1:32 PM, the surveyor asked Dietary Aide #3 what should you have done after touching dirty objects and before handling food items or clean equipment? She stated, I should have washed my hands. 5. A review of facility policy titled, Employee Cleanliness and Handwashing Techniques, dated [DATE], provided by the Dietary Manager on [DATE] at 10:17 AM, indicated, .Dietary department employees are required to wash their hands on the occasions listed below: a. Before beginning shift. b. After handling dirty dishes. c. Any other time deemed necessary .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 37925 Based on observation, interview, and record review, the facility failed to ensure the required personal protective equipment (PPE) was utilized by staff prior to entering a resident's room who was on contact and droplet precautions for 1 (Resident #153) of 1 sampled resident who was reviewed for transmission-based precautions. The findings are: A review of the July 2024 Order Summary indicated Resident #153 had a diagnosis of coronavirus disease 2019 (COVID-19) and an order for contact/droplet isolation that started on 7/26/2024 through 7/30/2024. A review of the Care Plan dated 7/26/2024 indicated Resident #153 had tested positive for COVID-19 and was to be monitored for signs and symptoms of respiratory distress and to use contact and droplet precautions. On 07/29/2024 at 11:41 AM, a droplet precautions sign on Resident #153's door indicated, .Everyone must: clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry [There was a picture of a person wearing a face shield or goggles] .Remove face protection before room exit . There was also a contact precautions sign on the door with instructions. On 07/29/2024 at 12:43 PM, the Social Director was observed putting on a blue disposable gown, gloves, white mask, and retrieving a red bag from the isolation cabinet. She then took a lunch tray into Resident #153's room. The Social Director was wearing glasses but did not put on a face shield or goggles over her glasses prior to entering the room. Resident #153 was heard coughing from the doorway. There was a pair of goggles in a box on top of an isolation cabinet outside of the room. This surveyor remained in the hall. On 07/29/2024 at 1:05 PM, the Social Director was observed leaving Resident #153's room with glasses on and the PPE had been removed. She confirmed that she was familiar with Resident #153's plan of care and that the resident was in isolation because of a COVID diagnosis in the hospital and was on contact precautions. When asked if that was the only type of isolation on Resident #153's door, she stepped back to the door, looked at the signage and confirmed the resident was also on droplet precautions. She was asked what type of face protection should be worn prior to entering a resident's room who is on droplet precautions, and she stated an N-95 mask. She was asked if anything else should be worn and she stated, The face shield. Oh no. I didn't have the face shield on. She confirmed that she did not wear a face shield or goggles prior to entering the resident's room, that she was wearing personal glasses and that prior to exiting a room on droplet precautions, face protection was to be removed and disposed of in a disposable bin. When she was informed that she had stepped out of the resident's room with personal glasses on she stated, I so failed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/01/2024 at 11:27 AM, the Infection Preventionist was interviewed and confirmed she was responsible for educating the staff about transmission-based precautions and that staff was in-serviced this year. She stated when a resident who is positive for COVID is admitted , the charge nurse will let everyone know, isolation is set up, and they post signage on the door regarding droplet and contact isolation. She also stated that anyone who enters the room of a resident on droplet/contact isolation precautions must follow the precautions. An Isolation-Categories of Transmission-Based Precautions policy, revised September 2022 provided by the Administrator on 08/01/2024 at 11:45 AM, was reviewed and it indicated, .Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents . 5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precautions. a. The signage informs the staff of the type of CDC [Centers for Disease Control] precaution(s), instructions for use of PPE . Droplet Precautions . masks are worn when entering the room. 4. Gloves, gown and goggles are worn if there is a risk of spraying respiratory secretions . A Coronavirus Disease (COVID-19) - Infections Prevention and Control Measures policy, dated April 2020 and provided by the Administrator on 08/01/2024 at 11:45 AM, was reviewed and indicated, .11. For a resident with known COVID-19 or symptoms of Covid-19: a. Staff don [put on] prior to entering the units or resident room gloves, isolation gown, eye protection and an N-95 or higher-level respirator if available (a facemask is an acceptable alternative .