

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Dierks Health and Rehab of Dierks		STREET ADDRESS, CITY, STATE, ZIP CODE 402 S Arkansas Avenue Dierks, AR 71833	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record review and policy review, the facility failed to ensure staff implemented Enhanced Barrier Precautions (EBP) and applied appropriate Personal Protective Equipment (PPE) to prevent the potential for cross contamination when administrating medications through a feeding tube for 1 (Resident # 49) of 1 sampled resident.</p> <p>The findings include:</p> <p>During an observation on 06/11/2025 at 11:13 AM, Licensed Practical Nurse (LPN) #9 performed hand hygiene and prepared medications for Resident #49. LPN #9 put on gloves but did not put on a gown. An EBP sign was on the door leading to Resident #49 ' s room. LPN #9 administered the medications through the feeding tube, removed gloves, preformed hand hygiene, and exited the room.</p> <p>During an interview immediately following the observation, LPN #9 confirmed that Resident #49 was on EBP and that a gown, in addition to gloves, should have been worn when administering the resident's medications through the feeding tube.</p> <p>During an interview on 06/11/2025 at 11:25 AM, the Director of Nursing (DON) indicated Resident #49 was on EBP and required PPE. Specifically, a gown and gloves were required when giving medications or care for a feeding tube. The DON confirmed staff were alerted to EBP by a sign on the door. The DON stated, I am doing an in-service now.</p> <p>During an interview on 06/11/2025 at 2:23 PM, the Infection Preventionist (IP) stated Resident #49 was on EBP because the resident had a feeding tube and a gown and gloves should be worn when administering medications through the feeding tube. The IP stated that staff were made aware that residents were on EBP by a sign either on the resident's door, or by the resident's door. Residents were placed on EBP to prevent the spread of infection. The IP confirmed the nurse should have put on a gown, in addition to gloves, when administering the resident's medication through the feeding tube.</p> <p>A review of an annual Minimum Data Set with Assessment Reference Date of 03/27/2025, indicated Resident #49 had diagnoses which included end stage kidney disease, diabetes mellitus, and difficulty swallowing. The Brief Interview for Mental Status score of 10 revealed moderate cognitive impairment.</p> <p>A review of the Care Plan, with a revision date of 11/01/2024, indicated Resident #49 was on EBP related to a feeding tube.</p> <p>A review of an Order Summary Report dated 03/12/2025, indicated Resident #49 had a Physician's Order for EBP related to a feeding tube.</p> <p>(continued on next page)</p>

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a policy titled Isolation Policy and Procedure EBP indicated EBP would be utilized for residents that have medical devices. PPE including a gown and gloves would be utilized for residents during high-contact resident care.</p>