

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50505</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, the facility failed to ensure resident rooms were clean, safe, and homelike for 1 (Resident #357) of 1 resident reviewed for homelike environment.</p> <p>Findings include:</p> <p>A review of the facility's undated policy titled ,Housekeeping indicated, Housekeeping services are planned, operated, and maintained to provide a safe and sanitary environment. 1. Housekeeping staff will be skilled in the six basic functions of sweeping, mopping, dusting, cleaning, waxing, and polishing. 2. Housekeeping staff will strive to keep the facility free from offensive odors, accumulation of dirt, rubbish, dust, and safety hazards . 4. Walls and floors shall be cleaned during periods when the least amount of food is exposed, such as between meals. 5. Floors will be cleaned regularly, and any floor polish will have a non-slip finish . 7. Bedpans, commodes, and urinals will be covered after use, emptied promptly, and thoroughly cleaned after use. This may be done by nursing personnel.</p> <p>A review of an Admission Record indicated the facility admitted Resident #357 with diagnoses that included fusion of spine and lower back pain.</p> <p>The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/01/2024, revealed Resident #357 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment.</p> <p>During an observation on 09/09/2024 at 11:48 AM, trash was noted along the wall under the closet area, behind the room door, along the wall beside the trashcan, beside the nightstand, under the bed, and between the air unit and a chair. Upon entering Resident #357's bathroom, an uncovered bedpan was on the floor beside the toilet, an uncovered bath basin was on the floor of the shower stall and a brown stain was noted on the floor of the shower stall.</p> <p>During an observation on 09/10/2024 at 8:08 AM, it was noted upon entering the room of Resident #357, a pair of used gloves and a pile of linens were on the table as you step into the threshold of the room, one glove was hanging off the table and one glove was on the floor under the table. Trash was noted along the wall under the closet area, behind the door, along the wall, beside the trashcan, beside the nightstand, under the bed, and between the air unit and a chair.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 09/10/2024 at 12:40 PM, Resident #357 stated housekeeping had cleaned the room, however upon inspection the surveyor observed trash remained behind the door, along the walls, in the corners of the room and behind the chair. A sack of towels and linens were in a clear plastic bag on the floor. Resident #357 stated the bag had been there since earlier in the morning after bathing and had not been picked up.</p> <p>During an observation on 09/11/2024 at 7:20 AM, Resident #357's room was checked for cleanliness and the trash was still noted under the bed, along the walls of the room and behind the door to the room.</p> <p>During an observation on 09/12/2024 at 8:06 AM, upon entering Resident #357's room, trash was noted behind the door to the room, by the trash can, beside the nightstand, under the bed, under the air conditioner, beside the chair, and along the wall under the closet. A cushion was lying on the floor beside the chair, and dirty gloves were on top of the table as you entered the resident's room. The bathroom had an uncovered bedpan on the floor beside the toilet, an uncovered wash basin on the floor of the shower stall along with a brownish stain on the tile of the shower stall floor, and an uncovered wash basin under the sink.</p> <p>During an interview with the Administrator on 09/12/24 at 8:31 AM, confirmation was given that the room was littered with trash and had not been swept, and the table was littered with used gloves. The shower had a bed pan on the floor behind the toilet and the shower had a stain, and a bath basin was in the floor. The Administrator stated the housekeeping supervisor would take care of it and that it is not what was expected of room cleaning.</p> <p>During a concurrent observation and interview on 09/12/2024 at 8:48 AM, the Housekeeping Supervisor was shown Resident #357's room. Confirmation was given that the room was littered with trash and debris in all areas of the room. The Housekeeping Supervisor stated, I am sorry that you had to see this. I will take care of it.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50505</p> <p>Based on observations, interviews, record review, facility document review, the facility failed to ensure discharge Minimum Data Set (MDS) was completed and transmitted for 2 (Resident #44 and Resident #93) of 2 residents reviewed for MDS accuracy and timing of assessments.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 09/12/2024 at 12:30 PM, the Administrator stated the facility did not have a policy for the MDS and stated that the facility uses the Resident Assessment Instrument (RAI) guidelines. 2. A review of the Admission Record indicated the facility admitted Resident #44 on 03/18/2024 with diagnoses that included pulmonary embolism and acute respiratory failure with hypoxia. Resident #44 was discharged from the facility on 04/25/2024. <ol style="list-style-type: none"> a. The 5-day MDS with an Assessment Reference Date (ARD) of 03/22/2024 revealed Resident #44 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated the resident had moderate cognitive impairment. 3. A review of the Admission Record indicated the facility admitted Resident #93 on 04/05/2024 with diagnoses that included sepsis, acute kidney failure and acute cholecystitis (infection of the gallbladder). Resident #93 was discharged from the facility on 04/25/2024. <ol style="list-style-type: none"> a. The 5-day MDS with an ARD of 04/09/2024 revealed Resident #93 had a BIMS score of 15, which indicated the resident was cognitively intact. 4. On 09/12/2024, a review of the closed electronic medical record indicated there was no discharge MDS assessment completed or transmitted for Resident #44 and Resident #93. 5. During an interview on 09/12/2024 at 11:25 AM, the Medicare (MCR)/MDS Coordinator confirmed Resident #44 was discharged on [DATE] and Resident #93 was discharged on [DATE] and that no discharge MDS had been completed or transmitted for either resident. The MCR/MDS Coordinator stated no reason could be given as to why the discharge MDS for Resident #44 and #93 had not been completed. The MCR/MDS Coordinator stated the MDS should have been completed and transmitted by day 14 after discharge. 6. During an interview on 09/12/2024 at 11:45 AM, the Administrator acknowledged the missed discharge MDS on Resident #44 and Resident #93. The Administrator stated the error most likely occurred due to the MCR/MDS Coordinator being busy and forgetting and that it was not normal for things like that to be missed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>50505</p> <p>Based on observations, interviews, record review, the facility failed to ensure baseline care plans were completed within 48 hours of admission for 4 (Resident #301, Resident #351, Resident #352, and Resident #357) of 4 residents reviewed for baseline care plans.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 09/12/2024 at 10:00 AM, the Administrator stated the facility did not have a policy for baseline care plans due to it being in the regulations. 2. A review of the Admission Record indicated the facility admitted Resident #301 on 04/25/2024 with diagnoses of congestive heart failure, dyspnea(shortness of breath) and fall. <ol style="list-style-type: none"> a. The 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/16/2024, revealed Resident #301 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. b. A review of the electronic medical record revealed Resident #301 had no baseline care plan. 3. A review of the Admission Record indicated that the facility admitted Resident #351 on 08/16/2024 with diagnoses that included atrioventricular block, atherosclerotic heart disease, retention of urine, and end stage renal disease. <ol style="list-style-type: none"> a. The 5-day MDS, with an ARD of 08/20/2024, revealed Resident #351 had a BIMS score of 10, which indicated the resident had moderate cognitive impairment. Resident #351 was marked on the MDS as having hemodialysis. b. A review of the electronic medical record revealed Resident #351 had no baseline care plan. 4. A review of the Admission Record indicated the facility admitted Resident #352 on 08/22/2024 with diagnosis of post laminectomy syndrome (pain after spinal surgery). <ol style="list-style-type: none"> a. The 5-day MDS, with an ARD of 08/26/2024, revealed Resident #352 had a BIMS score of 15 which indicated the resident was cognitively intact. b. A review of the electronic medical record revealed that Resident #352 had no baseline care plan. 5. A review of the Admission Record indicated the facility admitted Resident #357 on 08/28/2024 with diagnoses that included fusion of spine, lumbar region, lumbar region and low back pain. <ol style="list-style-type: none"> a. The admission MDS, with an ARD of 09/01/2024, revealed Resident #357 had a BIMS score of 10 which indicated the resident had moderate cognitive impairment. b. A review of the electronic medical record revealed that Resident #357 had no baseline care plan. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. During an interview on 09/11/2024 at 11:22 AM, the Medicare (MCR)/MDS Coordinator stated baseline care plans are done on admission and are signed by the responsible party or resident upon completion. The MCR/MDS Coordinator was asked to review and locate the baseline care plan for Resident #301, Resident # 351, Resident #352, and Resident #357. No baseline care plans were located. The MCR/MDS coordinator stated, I can do it and give it to you.</p> <p>7. During an interview on 09/12/2024 at 10:25 AM, the Administrator and the Director of Nursing both confirmed the baseline care plans had not been completed for Resident #301, Resident #351, Resident #352 and Resident #357. The Administrator stated that Resident #301 had been discharged from the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50505</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a dialysis care plan was initiated for 1 (Resident #351) of 1 resident reviewed for dialysis care planning.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 09/12/2024 at 10:00 AM, the Administrator stated the facility did not have a policy for care planning due to it being in the regulations. 2. A review of the Admission Record, indicated the facility admitted Resident #351 with diagnoses that included heart disease, retention of urine, and end stage renal disease. <ol style="list-style-type: none"> a. The 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/20/2024, revealed Resident #351 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated the resident had moderate cognitive impairment. Resident #351 was marked on the MDS as receiving hemodialysis. b. A review of Resident #351's Care Plan, initiated on 08/19/2024, revealed the resident had no dialysis care plan with interventions. 3. During an interview with the Director of Nursing (DON) on 09/11/24 at 11:15 AM, verification was received that there was no order for dialysis and no dialysis care plan. DON stated, I've known Resident #351 and know that the resident has a quinton (Quinton catheters are non-tunneled central line catheters, which are often used for acute, ie temporary, access for hemodialysis or infusion of medicine) for dialysis. The DON stated that the Medicare (MCR)/MDS coordinator initiates and develops the care plans. <p>During an interview with the MCR (Medicare)/MDS coordinator on 09/11/24 at 11:22 AM, confirmation was obtained that no order was noted for dialysis and there was no care plan for dialysis. No explanation was given as to why it was not completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure dented food cans were promptly removed/ discarded; expired food items and spices were promptly removed/discarded on or before the expiration or use by date; food stored in the freezer and dry storage area were dated to ensure first in and first; dietary staff wore hairnets to prevent the potential for cross contamination for residents who received meals from 1 of 1 kitchens; serving dishes were stored properly to prevent the potential for cross contamination; 1 of 2 ice machines was maintained in clean and sanitary condition and dietary staff handled glassware items properly to prevent the potential for cross contamination for residents who received meals from 1 of 1 kitchen. The failed practices had the potential to affect residents who received meals from 1 of 1 kitchen (total census: 94).</p> <p>The findings are:</p> <ol style="list-style-type: none"> On [DATE] at 9:43AM, the plate warmer full of plates to be used in portioning food items to be served to the residents for lunch were not covered, exposing them to debris or pests. On [DATE] at 9:46AM, one can of instant food thickener was on a shelf in the storage room with no opened date on the can. The Dietary Manager acknowledged there should be a date on the opened food product. On [DATE] at 9:47AM, one 6.63 pound can of corn intended to be served to residents had a creased dent on the middle back of the can. On [DATE] at 9:54AM, 53 desert sized plates on a shelf in the kitchen had the serving surface exposed to debris or pests On [DATE] at 12:14 PM, Dietary [NAME] (DC) #2 turned the hand washing sink on, washed his hands, turned off the faucet with his bare hands, contaminating his hands, and then used his contaminating hands to pick up clean plates and placed them on the steam table bar to be used in portioning food items to be served to the residents for noon meal. On [DATE] at 12:10 PM, DC #1 was asked what he should have done after touching dirty objects and before handling clean equipment. DC #1 stated, I should have washed my hands. On [DATE] at 12:18 PM, one container of potato salad on a shelf in the walk-in refrigerator had an expiration date of [DATE]. On [DATE] at 12:29 PM, a container of poultry seasoning was on a spices rack above the food preparation and had expiration date of [DATE]. On [DATE] at 12:42 PM, the following observations were made in the freezer in the dining room on 200 Hall: <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. One container of orange sherbet ice cream with no opened or received date. The top of the sherbet was frosty. There was no name on the container to aid in identifying who the sherbet belongs to. The Dietary Manager stated it looks like it has melted and been refrozen.</p> <p>b. One container of butter pecan ice with no opened or received date.</p> <p>c. One container of vanilla ice cream with no opened or received date.</p> <p>9. On [DATE] at 12:52 PM, the following observations were made on a shelf in the refrigerator in the dining room on 500 Hall:</p> <p>a. One box that contained one fried chicken leg and fries was on a shelf in the refrigerator with no received date on it. The Dietary Manager stated the fried chicken leg and fries were old.</p> <p>b. One container with leftover taco bowl was dated [DATE].</p> <p>c. One container with leftover beef noodle mix was dated [DATE]. The Dietary Manager stated we keep leftover foods for 3 days.</p> <p>11. A facility policy titled, Use and Storage of Foods brought to Residents by Family/Others initiated on [DATE] indicated that foods brought into the facility outside of its original container or packaging will be discarded three days after the date identified on the label.</p> <p>10. On [DATE] at 4:10 PM, Dietary Aide (DA) #3 took out cartons of thickened water from the refrigerator and placed them on the counter and, without washing her hands, picked up glasses by their rims, and poured thickened water in them to be served to the residents who required thickened liquid with meals. At 4:50 PM, DA #3 was asked what she should have done after touching dirty objects and before handling equipment. DA #3 stated she should have washed her hands.</p> <p>11. On [DATE] at 4:44 PM, three screws above the ice machine panel located on a Hall leading to 400 and 500 Halls had a wet, black residue that could drip on the ice. The Dietary Manager was asked to wipe the wet, black residue on the screws. She did so, and the wet, black residue easily transferred to the tissue. She was asked how often they cleaned the ice machine and who uses the ice from the ice machine. She stated they cleaned it once every week, and the Certified Nursing Assistants used it for the water pitchers in the resident's rooms.</p> <p>12. A facility policy titled, Hand Washing, initiated on [DATE], indicated that staff will wash their hands after handling soiled utensils or equipment, during food preparation, and after engaging in other activities that contaminate the hands.</p> <p>49413</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50505</p> <p>Based on observations, interviews, record review, and facility document review, the facility failed to ensure proper hand hygiene and proper wearing and removal of personal protective equipment for 1 (Resident #355) of 1 resident reviewed for enhanced barrier precautions.</p> <p>Findings include:</p> <p>1. A review of a facility policy titled, Handwashing/Hand Hygiene, dated 11/16/2016, indicated, This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 4. Use an alcohol-based hand rub if no visible soiling, 5. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>A review of the facility's undated policy titled, Isolation Precautions, Categories of, dated 11/22/2016 indicated Gloves and Hand washing: 1. Wear gloves (clean, nonsterile) when entering the room. 2. During the course of caring for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage. 3. Remove gloves before leaving the room and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. and Gown: 1. Wear a gown (clean/nonsterile) when entering the room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent, has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. 2. Remove the gown before leaving the patient's environment. 3. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.</p> <p>3. A review of the Admission Record, indicated the facility admitted Resident #355 with diagnoses that included infection and inflammatory reaction due to other internal joint prosthesis, presence of right artificial knee joint, sepsis and ulcerative colitis. Resident was admitted to the facility on [DATE].</p> <p>a. Review of a document titled, Admit/Readmit/Quarterly Assessment with C/P V7, revealed Resident #355 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.</p> <p>b. A review of Resident #355's Care Plan, initiated on 09/10/2024, revealed Resident #355 was on enhanced barrier precautions (EBP). Interventions included ensuring staff are wearing correct personal protective equipment (PPE) when performing care and educate staff, family, and guests on facility procedure of EBP.</p> <p>c. A review of Order Summary Report, revealed Resident #355 had an order for ertapenem sodium, one gram intravenous (IV) one time a day. Resident #355 had an order for peripherally inserted central catheter (PICC) to the left upper arm. Change dressing every week and as needed.</p> <p>d. A review of Medication Administration Record, revealed Resident #355 had received ertapenem sodium, one gram IV one time a day as prescribed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Nursing & Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Indian Bay Drive Sherwood, AR 72120	
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>4. During an observation on 09/10/2024 at 8:35 AM, Licensed Practical Nurse (LPN) #1 was standing at the medication cart one doorway down from Resident #355's door. Once LPN #1 completed gathering medications to be administered, proceeded to put on a pair of gloves without prior sanitization of hands, went over to the plastic bin that was outside of the doorway to Resident #355's room and withdrew an isolation gown, put it on, went back to his medication cart, picked up the medication cup, IV (intravenous) antibiotic, syringe and tubing and went into the resident's room. LPN #1 went over to Resident #355 and handed the resident the medication cup then went over to an over-the-bed table that was on the left side of the bed and was cluttered with resident's personal items. LPN #1 placed the IV supplies on the table. Without removing gown and gloves or sanitizing hands, LPN #1 went out into the hallway to the medication cart, opened the cart and removed alcohol pads, then returned to Resident #355's room. LPN #1 placed the alcohol pads on the table, went into the resident's bathroom and obtained a towel to place under the resident's arm. Without removing gloves and sanitizing hands and replacing with new gloves, LPN #1 opened the tubing, then mixed the antibiotic vial with the normal saline, shook the IV bag, then spiked the antibiotic mixture bag, primed the IV tubing to remove excess air, draped the IV tubing over the IV pole that was next to the over-the-bed table. LPN #1 went over to Resident #355, without removing gloves or gown, unscrewed the cap on the PICC line, scrubbed the port site with the alcohol pad, opened the syringe filled with normal saline and flushed the PICC line with 10 milliliters (ml) of normal saline. After flushing the PICC line, LPN #1 left the line dangling from the resident's arm, went over to the IV pump, placed the tubing inside the IV pump, set the rate on the IV pump, took the IV tubing and connected the tubing to the PICC line port, and then turned on the IV pump. Without removing his gloves or sanitizing hands, LPN #1 went over to Resident #355's closet per the resident's request to obtain an ostomy bag for the resident. LPN #1 removed gloves, went outside in the hallway wearing the isolation gown, removed the gown in the hallway, went back into the resident's room and noticed there was not a trashcan, returned to the hallway, balled the isolation gown up in his hands and walked down the hallway to the soiled utility room to dispose of the isolation gown. Once LPN #1 exited the soiled utility room, stopped at a resident room to use the hand sanitizer that was right inside the doorway before continuing back to the medication cart.</p> <p>5. During an interview on 09/10/2024 at 8:45 AM with LPN #1 he stated that hands were sanitized prior to putting on gloves. LPN #1 confirmed the isolation gown should have not been put on at the medication cart and that the gown should have been put on before entering Resident # 355's room. LPN #1 confirmed gloves and gown should have been removed and hands sanitized prior to leaving Resident #355's room and going to the medication cart. LPN #1 confirmed that hands should have been sanitized and new gloves applied whenever an unclean surface was touched. LPN #1 was asked if gown should be removed in the hallway and then carried down the hallway before disposing of the gown? LPN #1 stated there wasn't a trashcan and I didn't know.</p> <p>6. During an interview on 09/10/24 at 9:18 AM, the Director of Nursing (DON) stated LPN #1 was a new employee and education would be provided on infection control and EBP to LPN #1. The DON confirmed that hands should be sanitized before putting on gloves, after touching unclean items and before starting a procedure and after completing a procedure. The DON stated that isolation gowns and gloves should never be taken off out in the hallway.</p>		