

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Waldron Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49688</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, the facility failed to have measures in place to prevent the growth of Legionella and other opportunistic waterborne diseases in building water system. The facility failed to have staff use appropriate Personal Protective Equipment (PPE) when providing care to a resident on droplet precautions for 1 (Resident # 2) sampled resident.</p> <p>The findings include:</p> <p>1. A review of a facility policy titled, Water Management Program dated 02/12/2024, indicated the following:</p> <p>a. The control measures, locations, and frequency-controlled measures shall be implemented at the location of risk areas on a weekly basis by the maintenance director or designee. Common control measures include but are not limited to the following:</p> <p>i. Visual inspection</p> <p>ii. Disinfection levels</p> <p>iii. Temperature checks.</p> <p>b. Monitor and respond- when it is determined that the control limits are not usually met, the maintenance director shall report to the water management team and corrective actions shall occur. Control measures and limits include:</p> <p>i. Total dissolved solids (TDS) PPM acceptable range 0-399</p> <p>ii. pH acceptable range 6.5-8.5</p> <p>iii. Hot water temperature acceptable range >108 and < state established anti scold limit. Cold water temp acceptable range <77.</p> <p>2. On 07/30/2024 at 1:20 PM, the Surveyor interviewed the Maintenance Director about Legionella. The Maintenance Director denied knowing anything about it. Stated they had heard of it but is not sure what it was.</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 - Some</p>	<p>3. On 07/30/2024 at 1:24 PM, the Surveyor asked the Administrator about their process for Legionella. The Administrator stated maintenance takes care of it. When told maintenance didn't know anything about it, the Administrator called corporate maintenance who provided a copy of their policy and procedure that stated the team shall include but not be limited to the Administrator, Director of Nursing, Infection Prevention and Maintenance Director. The Infection Prevention Nurse was unavailable at the time.</p> <p>4. On 07/30/2024 at 2:15 PM, the Surveyor interviewed the Director of Nursing (DON) about being on the water management team. The Director of Nursing stated they didn't know anything about it, they just started about two months ago. The DON stated understanding of what it is but had not been monitoring it here.</p> <p>5. Resident #2's care plan with a revision date of 07/29/2024 indicated, .Resident #2 had a diagnosis of COVID 19 .Resident is on droplet precautions due to testing positive for COVID-19 on 7/22/2024 Resident will not be socially isolated through plan of tx (treatment) this qtr (quarter) .Disinfect all equipment used before it leaves the room . Droplet isolation: Gown, gloves, and mask to be worn at all times while providing care/in room .Educate resident/family/staff regarding preventive measures to contain the infection .</p> <p>a. A review of physician's orders dated 7/22/24 indicated, .droplet precautions until 08/02/2024 related to positive COVID on 7/22/24 .</p> <p>b. On 07/30/2024 at 2:29 PM, the Surveyor observed the Droplet Precaution sign on the door that showed pictures with instructions of proper usage of Personal Protective Equipment (PPE) and stated Droplet Precaution Stop: Everyone must wear mask; Doctors and staff Must: Wear eye protection, gown and gloves with specific directions for the order it must be done. Wash hands or use hand sanitizer, gown, mask, eye cover and gloves.</p> <p>c. On 07/30/2024 at 1:30 PM, the surveyor observed Certified Nursing Assistant (CNA) #1 enter Resident # 2's room and bring out a lunch tray with only a surgical mask on. CNA #1 was asked what the signs were on the door as they stopped and read them and stated it was precaution in case they spit or sneezed on you, they only wear a surgical mask when entering the room to pick up tray but if she needs to turn, reposition or clean her they fully dress out. The surveyor noticed on the door were face shields, gloves and gown on the hanger for PPE.</p> <p>d. On 07/30/2024 at 2:20 PM, CNA #1 brought N95 mask and placed them in the PPE hanger. CNA #1 and CNA #2 were going in the room together. Prior to entry the surveyor asked why the signs were up, what did the Resident have? CNA #1 & CNA #2 were unable to answer. When asked what the need is for using the correct PPE, they said to protect themselves from getting sick then after a few moments they said to prevent other residents from getting ill as well.</p> <p>e. On 07/30/2024 PM at 3:00 PM, the Surveyor asked the DON what the protocol for proper PPE for Resident #2. The DON pointed at the sign on the door and stated gown, mask, eye cover and gloves; to discard gloves, eye cover, gown and mask. When asked what the importance was of using proper PPE, the DON stated to prevent the spread of illness to other residents.</p>		