

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Lawrence Hall Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1051 West Free Street Walnut Ridge, AR 72476	

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>Based on observation, interview, record review, and facility policy review, it was determined that the facility failed to ensure Enhanced Barrier Precautions (EBP) were utilized for 1 (Resident #5) of 4 residents reviewed for pressure ulcers.</p> <p>The findings include:</p> <p>1. A review of an admission Record, indicated Resident #5 had diagnoses which included a stage 2 pressure ulcer of the right buttocks. (A stage 2 pressure injury indicates partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough or bruising).</p> <p>a. A review of the admission Minimum Data Set (MDS) with an Assessment Reference Date of 03/07/2025, revealed Resident #5 had a Brief Interview for Mental Status score of 03, which indicated the resident had severe cognitive impairment. The MDS also revealed Resident #5 had one unhealed pressure ulcer.</p> <p>b. A review of Resident #5 ' s Order Summary Report, revealed orders for wound care to the resident ' s buttocks.</p> <p>c. During an observation on 05/27/2025 at 1:15 PM, this surveyor observed the Treatment Nurse performing wound care on Resident #5, without wearing personal protective equipment (PPE), as indicated for EBP. Specifically, a gown was not utilized. The Treatment Nurse stated when a resident was on EBP a gown would be worn if the resident ' s wound had drainage.</p> <p>d. During an interview on 05/29/2025 at 10:00 AM, the Infection Preventionist (IP) revealed residents were placed on EBP for chronic wounds or copious amounts of draining, but for small wounds the facility did not place residents on it. If a resident had a stage 2 pressure ulcer, with no drainage, the facility would not put them on EBP as long as the wound was dry. The IP verified that the importance of ensuring EBP was the prevention and spread of infection.</p> <p>e. A review of a facility policy titled, Enhanced Barrier Precautions PP, dated 04/01/2024, indicated Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .</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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