

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN SOCIETY - OSCEOLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>600 CENTER DRIVE OSCEOLA, NE 68651</b>	
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 0838  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</b></p> <p>Licensure Reference Number 175 NAC According to CMS (Center for Medicare and Medicaid) 483.70(e) Facility Assessment The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. Record review of Facility Assessment not dated revealed the document was a planning tool with no facility specific information on it. An interview on 7/7/20 at 2:00PM with Administrator confirmed the document titled facility assessment Location was the only Facility Assessment available.</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Licensure Reference Number 175 NAC 12-006.17A Licensure Reference Number 175 NAC 12-006.17B Based on record reviews, interviews and observations the facility failed to prevent potential for cross contamination of COVID-19 related to 1) the facility failure to appropriately remove PPE (Personal Protective Equipment) including gowns, face shields and 2) the facility failure to perform hand hygiene (hand washing using soap and water or an alcohol based hand rub (ABHR) when exiting an isolation room this affected 1 resident (Resident 1) of 3 residents sampled; and 3) the facility failed to develop a facility -wide IPCP (Infection Prevention Control Program) for undiagnosed respiratory illness and COVID-19. This had the potential to affect all resident in the facility. The facility census was 33. A. Record review of facility policy title Contact Precautions dated 12/19/20 revealed the following on page 14 section f. hand hygiene will be performed, using a 60-90% ABHS, before and after all patient contact and before and after removal of PPE ( Personal Protective equipment). Record review of facility policy titled Putting on and Taking Off Personal Protective Equipment (PPE) dated 2/2018 on page 5 section Gown revealed the front of the gown and sleeves are contaminated, unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties, pull gown away from neck and should, touching inside of gown only. Recommendation from ICAP ( Infection Control Assessment and Promotion Program) ( A State and federally funded program that works with Department of Health and human services and Center for Disease Control to provide education about infection prevention) dated 6/18/20 revealed the following steps for removing face shield after contact with a non Covid positive resident. 1. Apply clean gloves or sanitize gloves 2. place wipe ( barrier) on table 3. Remove eyewear and place on wipe 4. Sanitize gloves 5. Remove n95 place in storage bag 6. Sanitize gloves 7. Wipe front and back of shield 8. Wipe table 9. Place shield upside down to dry 10. Sanitize gloves 11. Remove gloves 12. Wash hands with soap and water or hand sanitizer Record review of facility policy titled Emerging Threats- Acute respiratory Syndrome- Coronavirus (COVID) dated 6/16/2020 revealed one page 24 cleaning and disinfection of face shield- wear gloves, wipe inside of face shield, use new wipe for outside of face shield and use appropriate contact time, fully air dry, remove gloves and perform hand hygiene, store the face shields in a designated area to minimize cross contamination. Record review of Resident 1's Electronic Health Record revealed that resident was readmitted to facility on 6/24/20 after a recent hospital stay. Resident 1 tested negative for Covid-19 in hospital and was placed in Isolation room at facility for 14 day's to prevent spread of Covid- 19. An observation on 7/7/20 at 11:30 AM revealed NA (Nursing Assistant) An applied hand sanitizer to hands and rubbed until hands were dry, reusable white gown was applied, followed by face shield and then gloves over gown cuffs. NA- A entered Resident 1's room, Resident 1 requested to use the restroom, a gait belt was applied to resident's waist, and resident was assisted to standing position and ambulated to restroom. Resident 1 performed perineal care. Resident 1 was assisted back to recliner, alarm put in place and call light within reach. An observation on 7/7/20 at 11:35 AM revealed NA -A removed gloves, touched the outside of gown with bare hands, rolled gown against trunk of body, placed gown in laundry bin in resident room. NA then stepped outside of resident's room without performing hand hygiene, removed face shield, placed face shield on top of (dirty) work station, removed wipe from container washed shield with wipe and hung shield on hand sanitizer stand, NA-A then applied hand sanitizer to hands and wrists. An interview on 7/7/20 at 11:40 AM with DON (Director of Nursing) confirmed NA -A should not have touched the outside of gown when removing gown or rolled gown against body during removal. DON also confirmed NA- A should have performed hand hygiene before leaving residents room; placed a clean barrier on work station for face shield to be cleaned, and apply clean gloves to sanitize reusable face shield. B. Record review of Facility Covid -19 Planning tool revealed no document was available. An interview on 7/7/20 at 8:40 AM with Administrator revealed the Facility Covid -19 Policy procedure was the one titled Emerging Threats- Acute respiratory Syndrome- Coronavirus (COVID) dated 6/16/2020 was the only one available. Record review of document Emerging Threats- Acute respiratory Syndrome- Coronavirus (COVID) dated 6/16/2020 revealed a section titled Long Term Care or Skilled Nursing Facility provided general guidelines for resident with acute febrile respiratory illness no facility specific information for treating presumptive or Covid positive residents. An interview on 7/7/20 at 2:12 PM with LPN (Licensed Practical Nurse) 2 revealed that if a resident had an abnormal Covid screening result (gender) would call Director of Nursing or Infection Preventionist for guidance, when asking if any document or computer document was available LPN- 2 replied no I would just call IP or DON. During interview with LPN -2; IP (Infection Preventionist) walked into the room and LPN- 2 asked what do we do if a resident has any of those Covid symptoms? Like temperature, cough and shortness of breathe? IP responded In computer- Electronic Health Record the Covid screening in the system prompts nurse to ask additional questions and to implement interventions; no policy or procedure for nursing staff is available for how to provide care for resident with abnormal Covid screening symptoms. LPN- 2 replied I've never seen that feature but also have not answered yes to that question as the evening nurse does the daily Covid assessment. An interview on 7/7/20 at 1:00PM with IP Confirmed the facility does not have a policy for Covid-19 in relation to how staff are to care for resident with abnormal Covid screening results (fever greater than 100.0 chills, new or change in cough, shortness of breath, sore throat or new loss of taste or smell, sputum production, congestion, runny nose or fatigue, muscle or body aches, headache, nausea or vomiting, or diarrhea).</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.