STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285124	A. BUILDING _____ B. WING _____	**06/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ARBOR CARE CENTERS-NELIGH LLC	**PO BOX 66, 1100 NORTH T STREET NELIGH, NE 68756**

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 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff wore the appropriate personal protective equipment (PPE) prior to entering the rooms of three residents (R1, R2, R3) who were quarantined and being monitored for signs and symptoms of COVID-19. The facility failed to maintain an ongoing infection control program that included tracking and trending of infections. The census was 36 residents. Findings include: Observation on 6/17/20 at 12:04pm, revealed dietary staff brought the hot box meal transport cart to the gray zone hall where three residents were quarantined to be monitored for COVID-19 symptoms. The dietary manager (DM), Social Services Director (SSD), Housekeeping Supervisor (HK), and Nurse Aide (NA1) came to the food cart to pass the noon meal to the three residents. The DM, SSD, and NA1 entered the gray zone hall. The DM entered the gray zone hall with a cloth face mask and blue hair covering on. The DM put on a patient gown and gloves, removed the cloth face mask and put on a surgical mask. The DM took the plate that was handed to her by the HK and entered R3's room without eye protection equipment. The DM came out of R3's room, removed the gown and placed it in the receptacle, disposed of the gloves and surgical mask, sanitized her hands and put on the same cloth mask. The DM left the gray zone hall with the same cloth mask and hair covering. The Social Services Director (SSD) wore a cloth mask upon entering the gray zone, put on a patient gown and gloves and entered R2's room with a plate of food. The SSD did not wear eye protection equipment prior to entering the room. The SSD came out of the room, removed and disposed of the gloves and placed the patient gown in the receptacle in the hall then sanitized her hands. The SSD untied the bottom of the cloth face mask and came out of the gray zone hall without removing the mask. NA1 wore a cloth face mask, put on a gown and took a plate of food into R1's room. NA1 came out of the room, removed the patient gown, sanitized her hands and left the gray zone hall. NA1 did not wear gloves, a surgical mask or eye protection when entering R1's room. NA1 left the gray zone hall wearing the same cloth mask. During an interview on 6/17/20 at 12:09pm, the SSD indicated she received education on infection control practices and COVID-19 precautions related to donning and doffing PPE. During an interview on 6/17/20 at 12:16pm, the DM indicated she received education on infection control practices and COVID-19 precautions but was not instructed to wear eye protection in the residents' rooms on the gray zone hall. During an interview on 6/17/20 at 12:20pm, NA1 indicated she was unsure if staff were to wear gloves, surgical mask, or eye protection when serving the meal tray to the residents on the gray zone hall to distribute their meal plates since she was not providing cares. The Infection Surveillance Action Plan recorded staff were in-serviced on proper usage of PPE in COVID-19 zones on 3/27/20. Record review of the January 2020 Infection Order Listing Report recorded multiple residents that were prescribed antibiotic therapy. The reports were identified as the facility's infection control log. The report did not include residents' symptoms, information related to culture results or if treatment was successful and symptoms resided. The infection control program lacked evidence the facility tracked and trended infections to identify clusters of infections. The 1/9/20 McGeer Criteria (an assessment tool used to help determine treatment of [REDACTED]. The assessment recorded that a lab specimen was obtained on 1/6/20. The assessment was signed by the Infection Control (IC) nurse on 2/9/20. The 1/7/20 McGeer Criteria for Respiratory or Flu infection recorded R5 had a fever with suspected lower respiratory infection. The order Listing Report recorded R5 received antibiotic therapy for an upper respiratory infection. The Infection Control program monthly review did not include an Order Listing Report to review for February or March 2020 but identified multiple residents' McGeer Criteria assessments with antibiotic therapy. The April 2020 Order Listing Report recorded R7 received an antibiotic for other specified disorders of bladder for seven days with a revision date of 4/3/2020. A handwritten note to the side recorded continued from March. The McGeer Criteria completed on 4/7/20 recorded R7's 3/28/20 urine culture and sensitivity identified an organism of Escherichia coli (E.coli - bacteria commonly found in the lower intestine that causes infection in the bladder). The report did not include the results of the urine culture. The 5/3/20 McGeer Criteria report recorded R8 had lower abdominal pain on 4/30/20. A urinary specimen (UA) was obtained on 4/30/20. The May 2020 Order Listing Report recorded R8's antibiotic order which lacked a start date, with instructions to give one table orally two times a day for UTI after UA results until 5/7/20 for seven days. R8's symptoms nor UA obtained on 4/30/20 were listed on the April 2020 Order Listing Report. During an interview on 6/17/20 at 1:55pm the Director of Nursing (DON) indicated that staff should wear full PPE when entering the resident rooms on the gray zone hall. The DON indicated the three residents on the hall were being monitored for COVID-19 symptoms. The DON indicated the Infection Control Preventionist (ICP) nurse maintained the infection control logs and monitored infections and antibiotic use in the facility. During an interview on 6/19/20 at 8:00am the ICP nurse indicated she ran the Order Listing Report monthly from the computer system but did not include residents that had discharged from the facility. The ICP nurse indicated that she worked part time and completed the McGeer reports when she was scheduled to work which included record review of laboratory results and nurses' notes in order to complete the McGeer Criteria. The ICP nurse indicated the DON monitored employee illness and any resident that required transmission based precautions. The ICP nurse indicated that clusters of infection may not be identified until after her review had been completed. The ICP nurse indicated the DON conducted audits as needed or would provide education to staff if infection clusters were identified based on the ICP nurse's findings. The ICP nurse indicated that there were three residents on the gray zone hall that were on transmission based precautions and were being monitored for COVID-19 symptoms. She indicated staff were to wear full PPE that included a gown, gloves, eye protection and a surgical mask prior to entering the residents' rooms even when they distributed the meals. (Note: The ICP nurse was not available for interview until 6/19/20. At the exit on 6/17/20, the Administrator was informed and was in agreement with the interview of the ICP occurring when the ICP was available.) The 3/2020 Infection Control Policy recorded the designate Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE